

Foster Family Home - Deficiency Report

Provider ID: 1-562571

Home Name: Yolanda de Vera, CNA

Review ID: 1-562571-10

1586 Moani Street

Reviewer: Adrienne Kolo

Honolulu

HI 96819

Begin Date: 2/16/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed GCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 4/17/22.

Foster Family Home Background Checks [11-800-8]

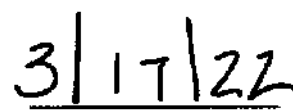
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

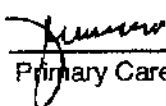
8.(a)(1) - Fingerprint results on file are not current. CG#1 has an exemption request pending.



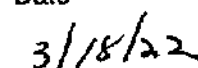
Compliance Manager



Date



Primary Care Giver



Date

CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: De Vera's Foster

CCFFH Address: 1586 Moani St. (PLEASE PRINT)
Honolulu Hawaii 96819 (PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.(a)(1)	I received an exemption letter from Fieldpoint and file it in my [redacted] folder on 9-27-21.	10/7/21	I will always obtain an exemption within 10 days of red light notification. Sent exemption forms to Fieldpoint - 10/7/21
8.(a)(1)	I received an exemption letter from Fieldpoint and file it in [redacted] folder	10/7/21	I will always obtain an exemption letter within 10 days of red light notification. Sent exemption forms to Fieldpoint on 10/7/21

All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: Mar 19, 2022

CTA has reviewed all corrected items

4/10/22