

# Foster Family Home - Corrective Action Report

Provider ID: 1-150016

Home Name: Nazer Efraim Pitpit, CNA

Review ID: 1-150016-1

274 Pakauwili Drive

Reviewer:

Wahiawa HI 96786

Begin Date: 4/14/2015

End Date:

5/4/15

Foster Family Home - Required Certificate

[17-1454-6]

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

Comment:

Home visit made for 2 bed initial certification on 4/14/15. Corrective action report issued during visit with items due to CTA by 5/14/15.

Requirements met on 5/4/15.

6.(d)(1) see applicable sections of this review

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(f)(1)(2) Missing TB clearance for HHM 1 & 2 and APS/CNA and Finger Print also missing for HHM 1 & 2



Compliance Manager

*Pitpit*  
Primary Care Giver

4/14/15

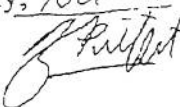
Date

4/14/15

Date

**Corrective Action Report: Rules 41.(f)(1)(2)**

HHM 1&2 was delayed for submission because the original paperwork was not mailed on the expected due date. To prevent it from happening in the future I will make sure to be aware of my expiring documents.

Sincerely, Nazer Ephraim Pitpit  
  
10/7/15