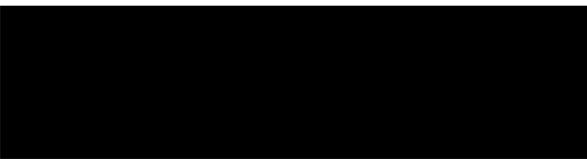
Foster Family Home - Corrective Action Report

Home Name: Nazer Efraim Pitpit, CNA Review ID: 1-150016-2 274 Pakauwili Drive Reviewer: Wahiawa HI 96786 Begin Date: 2/24/2016 End Date: **Foster Family Home** Required Certificate [17-1454-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: Recertification visit for 2 client CCFFH Corrective action report issued during review and due to CTA See applicable sections 6.(d)(1)Foster Family Home **Background Checks** [17-1454-7.1] 7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; 7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment: 7.1.(a)(1) CG#1 only one finger print on record during review CG needs two sets of fingerprints to be incompliance. CG#2 only one finger print on record during review CG needs two sets of fingerprints to be incompliance. 7.1.(a)(2) CG#1 APS/CAN Not completed yet. Foster Family Home Records [17-1454-52] Client's current individual service plan, and when appropriate, a transportation plan approved by the department; 52.(c)(2) Comment: 52.(c)(2) Client#1 Service Plan is not specific to clients bathing needs and care.



Provider ID:

1-150016

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Corrective Action Report:

7.1.(A)(1) & 7.1.(A)(2): IN ORDER TO PREVENT THIS FROM HAPPENING AGAIN TO MY APS/CAN, I WILL KEEP CHECKING MY BINDER EVERY MONTH AND I WILL MARK THE EXPIRATION DATE IN THE CALENDAR SO THAT I CAN BE MORE AWARE OF IT.

52.(C)(2): THE SERVICE PLAN FOR THE CLIENT IS UPDATED AND ALREADY IN THE BINDER.



