

# Foster Family Home - Corrective Action Report

Provider ID: 4-160003

Home Name: Rosalie Fischer, NA

Review ID: 4-160003-1

2 Moai Lp

Reviewer:

Kaunakakai HI 96748

Begin Date: 2/29/2016

End Date: 3/24/16

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

New home visit for a 2 person certification review [REDACTED]. Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

1. (d)(1) - see applicable sections of the review

## 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) - No 1st year APS/CAN/FP for CG #2, HHM #1, and HHM #2.

## Foster Family Home Personnel and Staffing [17-1454-41]

41. (b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41. (b)(7) - No current TB clearance for CG #2 and HHM #1.

## Foster Family Home Physical Environment [17-1454-48]

48. (a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

48. (a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

48. (a)(2) - No grab bars in bath and toilet area.

48. (a)(4) - No wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits.

\_\_\_\_\_  
Compliance Manager

Rosalie Fischer  
Primary Care Giver

\_\_\_\_\_  
Date

2/2/16  
Date

## Letter of Compliance

7.1. a. (i)(2) – Send CTA current APS/CAN and fingerprints for CG#2, HHM#1, and HHM#2 [REDACTED]

41. (b)(7) – Send CTA a current TB clearance for CG#2 and HHM#1 [REDACTED]  
[REDACTED]

48 – (a)(2) & (4) – Send CTA photos of wheelchair ramp and grab bars for shower and toilet [REDACTED] I now understand HAR 17-1454-48.

I have made a list of all items with expiration date (CPR, TB, APS /CAN) and placed on my computer calendar. I will review monthly.

Rosallie Fischer

ROSALLIE FISCHER  
Primary Caregiver

3/24/2016

Date