

Foster Family Home - Corrective Action Report

Provider ID: 4-160003

Home Name: Rosallie Fischer, NA

Review ID: 4-160003-2

12 Moai Lp

Reviewer:

Kaunakakai HI 96748

Begin Date: 1/31/2017

End Date: 2/1/17

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

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/31/17. Corrective Action Report issued during home visit with all items due to CTA by 3/2/17.

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

Foster Family Home Fire Safety [17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - CG #2 needs to lead a fire drill at least once a year.

Compliance Manager

Rosallie Fischer

Primary Care Giver

Date

1/31/17

Date

45.(a) – I now understand rule 45 and have scheduled
CG#2 to lead fire drill next week and will have
CG#2 lead a fire drill at least once a year.

Rosallie Fischer 01/30/2017

Rosallie Fischer

Primary Care Giver