

Foster Family Home - Corrective Action Report

Provider ID: 4-160003

Home Name: Rosallie Fischer, NA

Review ID: 4-160003-3

12 Moai Lp

Reviewer: David Ayling

Kaunakakai HI 96748

Begin Date: 1/8/2018

End Date: 1/8/18

Foster Family Home

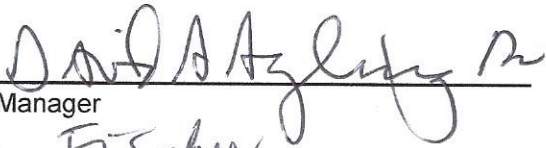
Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFH recertification review made on 1/8/18. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date