

Foster Family Home - Corrective Action Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-1

2911 Kanani St.

Reviewer:

Lihue HI 96766

Begin Date: 10/14/2015

End Date: 10/27/15

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 certification review for a new CCFFH made on 10/14/15. Corrective Action Report issued during home visit with all items due to CTA by 11/14/15.

6.(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),(2) - No first year APS/CAN and fingerprints for CG #2 and HHM #1.



Primary Care Giver

10/14/15
Date

10.15.15
Date

7.1. (9)(1)(2) - Sent CTA First year Aps/can and
Fingerprints for CG#2 and HHM#1 on
Oct. 24, 2015.

- I have added expiration dates
to my CTA table of contents for all
CGs and HHMs.

William
M. Stephen B. Juliano
PCG Applicant

10/29/15