

# Foster Family Home - Corrective Action Report

Provider ID: 1-560129

Home Name: Nerissa Julian, CNA

Review ID: 1-560129-3

91-1073 Hanaloa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 7/16/2015

End Date: 8/9/15

## 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 3 person recertification review made on 7/16/15.  
Corrective Action Report issued during home visit with all items due to CTA by 8/16/15.

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;

Comment:

7.1.(a)(1) - No current eCrim for CG #1, HHM #1, and HHM #2.

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

*Nerissa Julian*  
\_\_\_\_\_  
Primary Care Giver

*RW*  
\_\_\_\_\_

*7/16/15*  
\_\_\_\_\_  
Date

*7/16/15*  
\_\_\_\_\_  
Date

8/09/15

Hr  enclosed here is my

① e crime for

HHM#1

HHM#2

HHM#3

② In order for me not to forget to  
accomplish all requirements I will  
place all items including e crime &  
APS/CANI on my cell phone  
calendar to remind me to get  
this done.

Thank You

Merina Q. Julian

8/09/15