

Foster Family Home - Corrective Action Report

Provider ID: 1-160048

Home Name: Gilbert Julian Jr, RN

Review ID: 1-160048-1

92-526 Palailai St.

Reviewer:

Kapolei HI 96707

Begin Date: 7/26/2016

End Date: 7/26/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for initial certification review of 2 bed home. All compliance requirements met at time of review. Home is eligible for 1 year 2 bed certificate.

