

# Foster Family Home - Corrective Action Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-2

2911 Kanani St.

Reviewer:

Lihue HI 96766

Begin Date: 7/25/2016

End Date: 8/5/16

## 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 recertification review made on 7/25/16. Corrective Action Report issued during home visit with all items due to CTA [REDACTED]

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

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #2.

Compliance Manager

Primary Care Giver

Date

7.25.16

Date



# Kauai Caregivers

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2911 Kanani St, Lihue, HI 96766 Phone: 1 Fax:

41.(b)(7)

I, Madelyn Juliano,

have sent CTA a current TB clearance for CG#2.

I have placed all items with expiration dates (CPR, APS / CAN, TB, etc.) on my computer calendar, and will review it every month.

Signature x

date 08 / 05 / 2016