

# Foster Family Home - Corrective Action Report

Provider ID: 2-090073  
Home Name: Eredulin Julian, CNA  
15-3228 Hoopili Street  
Pahoa HI 96778  
Review ID: 2-090073-7  
Reviewer: ---  
Begin Date: 6/1/2016  
End Date: 6/1/16

**Foster Family Home Required Certificate [17-1454-6]**

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

Survey performed to recertify two client home. Home not in compliance on day of survey. Corrective Action Report issued with plan of correction due to CTA by 7/01/16.

**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:

No current TB clearance in home binder for CG # 3. - FOUND DURING SURVEY. CA

Compliance Manager

E. REDULIN N. JULIAN Eredulin N. Julian  
Primary Care Giver

6-01-16  
Date

06/01/2016  
Date