

Foster Family Home - Corrective Action Report

Provider ID: 1-160048

Home Name: Gilbert Julian Jr, RN

Review ID: 1-160048-2

92-526 Palailai St.

Reviewer: Sue Lo

Kapolei HI 96707

Begin Date: 4/20/2017

End Date: 4/27/2017

Foster Family Home

Required Certificate

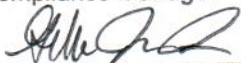
[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 4/20/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager



Primary Care Giver

Date

4/20/17

Date