

Foster Family Home - Corrective Action Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-4

2911 Kanani St.

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 8/14/2018

End Date: 8/14/18

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 CCFFH recertification review made on 8/14/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David A. Ayling
Compliance Manager

Juliano
Primary Care Giver

8/14/18
Date

8/14/18
Date