

Foster Family Home - Corrective Action Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-3

2911 Kanani St.

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 8/1/2017

End Date: 8/4/17

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 8/1/17. Corrective Action Report issued during home visit with all items due to CTA by 9/1/17.

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

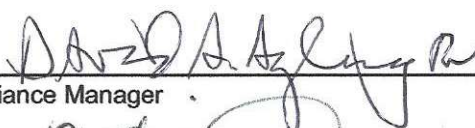
Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

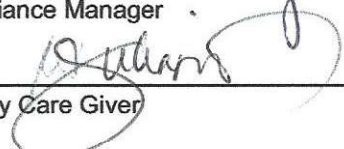
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

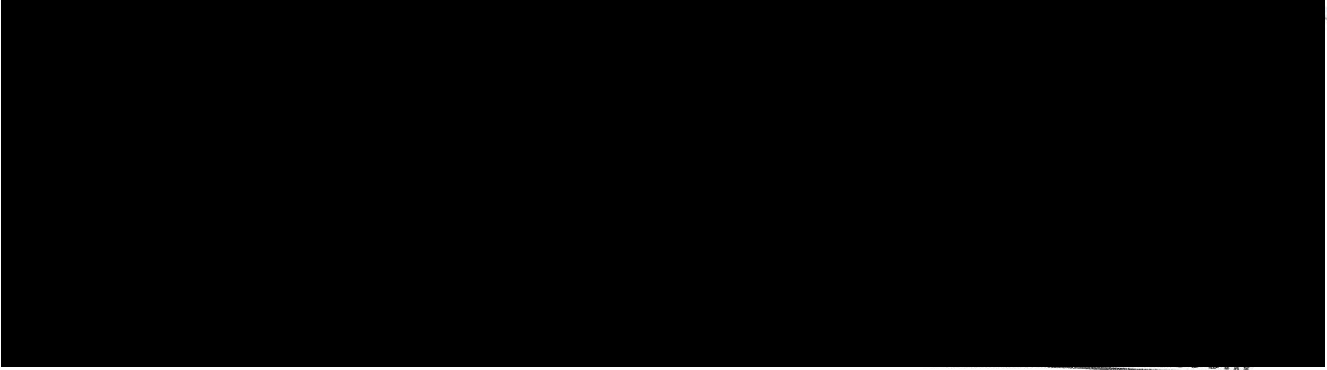
7.1.(a)(1),(2) - Second year APS/CAN and fingerprints not done until 7/25/17 for CG #2(expired on 10/23/16).


Compliance Manager

8/1/17
Date


Primary Care Giver

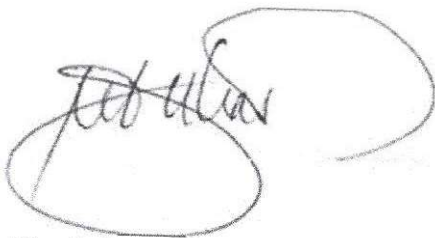
8/1/17
Date



I, Madelyn Juliano, understand that APS/CAN and fingerprints are done for 2 years in a row for all caregivers and household members over 18 years old.

I have written a list with expiration dates and placed it in the front of my CTA binder and will review the list each month.

Dated 08/03/2017



Madelyn Juliano
CCFFH Owner/Operator

