

Foster Family Home - Corrective Action Report

Provider ID: 2-090073

Home Name: Eredulin Julian, CNA

Review ID: 2-090073-12

15-3226 Hoopili Street

Reviewer: Lori O'Keefe

Pahoa HI 96778

Begin Date: 5/11/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted for this 2 client home. Home was in compliance with sections reviewed.

Lori O'Keefe, RN

Compliance Manager

Eredulin V. Julian

Primary Care Giver

5/11/2020

Date

5/14/2020

Date