

Foster Family Home - Deficiency Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-9

2911 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/19/2021

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

7/19/2021
Date

7/19/2021
Date

7/19/2021 5:39:57 PM