

Foster Family Home - Deficiency Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

2911 Kanani Street

Lihue HI 96766

Review ID: 5-150065-13

Reviewer: Maribel Nakamine

Begin Date: 5/12/2023

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN
Compliance Manager

[Signature]
Primary Care Giver

5/12/23
Date

5/12/23
Date