

Foster Family Home - Deficiency Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-15

2911 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 6/17/2024

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 6/17/24).

6.d.1- Client #1 without an 1147 present in chart/records. Client #2's 1147 lapsed on 4/12/20 and no current 1147 present in chart/records.

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2)- HHM#1's APS/CAN lapsed on 8/5/22 and no current result was present.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No Job Experience Form completed/present for CG#2.

Maribel Nakamine, RN 6/17/24
Compliance Manager Date
[Signature] 6/17/24
Primary Care Giver Date