

# Foster Family Home - Deficiency Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-17

2911 Kanani Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/9/2025

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

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

Comment:



6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/9/25.

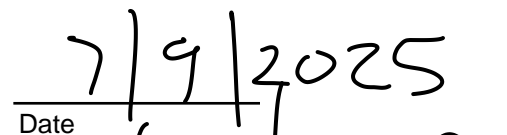

| Foster Family Home | Background Checks | [11-800-8] |
|--------------------|-------------------|------------|
|--------------------|-------------------|------------|

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) - APS/CAN expired on 1/5/2025 for CG #1.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date  
7/9/2025 9:32:43 AM

### CTA RN Compliance Manager:

David Ayling, RN

**Community Care Foster Family Home (CCFFH)**  
**Written Plan of Correction (POC)**

## Chapter 11-800

PCG's Name on CCFFH Certificate:

**(PLEASE PRINT)**

CCFFH Address:

**(PLEASE PRINT)**

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation?           | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|-------------|--|-------------------------------|---|
| 8.(aX2)     | PCG scheduled and obtained current APS/CAN and now in [REDACTED] folder at home. | Wednesday, July 23, 2025      | PCG will make sure to mark calendar for up to date renewal to prevent lapse and expiration.   |

☒ All items that ~~were corrected~~ are attached to this POC

PCG's Signature:

Date:

☒ CTA has reviewed all corrected items