

# Foster Family Home - Corrective Action Report

Provider ID: 1-510067

Home Name: Marilyn Dela Cruz, CNA

Review ID: 1-510067-2

91-1038 Pu'uainako Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/20/2015

End Date: 5/21/15

**Foster Family Home Required Certificate [17-1454-6]**

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

Comment:

Home visit for a 2 person recertification review made on 5/20/15.

Home is requesting to increase to a 3 person CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 6/20/15.

6.(d)(1) - see applicable sections of the review

**Foster Family Home Background Checks [17-1454-7.1]**

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) - No current eCrim for CG #1, CG #2, and CG #3.

\_\_\_\_\_  
Compliance Manager

PW

\_\_\_\_\_  
Date

5/20/15

\_\_\_\_\_  
Primary Care Giver

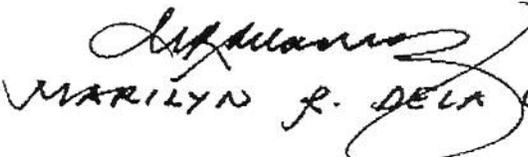
Marilyn Dela Cruz

\_\_\_\_\_  
Date

MAY 20, 2015

7.1.(a)(1) - Sent CTA current E.Crim for  
CG #1, CG #2, CG #3 on 5/21/2015.

- I will, place all items with  
expiration dates on my computer  
calendar & put on the list in  
the front of my binder &  
check monthly.

 05/21/2015  
MARILYN F. DELACRUZ