

# Foster Family Home - Corrective Action Report

Provider ID: 1-150070  
Home Name: Christine Dela Cruz, CNA      Review ID: 1-150070-1  
94-538 Koaleo St.      Reviewer:  
Waipahu      HI      96797      Begin Date: 11/17/2015      End Date: 11/17/15

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

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

Comment:

Home visit on 11/17/15 for initial certification of 2 bed home. All requirements met at time of review. Eligible for 1 year 2 bed home.



Compliance Manager

Primary Care Giver

11/17/15  
Date

11/17/15  
Date