

Foster Family Home - Corrective Action Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-3

91-1054 Haawina Street

Reviewer:

Kapolei HI 96707

Begin Date: 7/7/2015

End Date: 7/7/15

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 7/7/15.
Home is in compliance with all requirements. Home will receive
a 2 year 2 bed certification.



Compliance Manager

Primary Care Giver

Date

Date

7/7/15

7/7/15