

Foster Family Home - Corrective Action Report

Provider ID: 1-562802

Home Name: Maria Dela Cruz, CNA

Review ID: 1-562802-3

91-944 Ololani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/3/2015

End Date:

11/3/2015

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home survey for recertification of two client CCFH 11/3/15. All requirements met at time of review. Two year certification issued.



Compliance Manager

Maria Dela Cruz
Primary Care Giver

11-3-15
Date

11/3/15
Date