

Foster Family Home - Corrective Action Report

Provider ID: 1-140058

Home Name: Mildred Dela Cruz, CNA

Review ID: 1-140058-2

2665 Waiianuhea Way

Reviewer:

Hilo HI 96720

Begin Date: 7/30/2015

End Date: 7/30/15

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

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

Comment:

Home visit done on 7/30/15 to survey for recertification. Home in compliance on day of survey. Home is eligible for a two year recertification for two clients

Compliance Manager

Mildred Dela Cruz

Primary Care Giver

7-30-15

Date

7-30-15

Date