

# Foster Family Home - Corrective Action Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-3

1254 Kapalama Avenue

Reviewer:

Honolulu HI 96817

Begin Date: 5/25/2016

End Date:

**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 3 person recertification review [REDACTED] PCG requesting to decrease to a 2 client CCFFH. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.