

Foster Family Home - Corrective Action Report

Provider ID: 1-514910

Home Name: Castora Dela Cruz, CNA

Review ID: 1-514910-5

56-415 Pahelehala Loop

Reviewer:

Kahuku

HI 96731

Begin Date: 12/12/2016

End Date: 12/17/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 12/12/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Castora P. de la Cruz

Primary Care Giver

Date

12-12-2016

Date