

# Foster Family Home - Corrective Action Report

Provider ID: 1-579592

Home Name: Emerita Dela Cruz, CNA

Review ID: 1-579592-4

94-1110 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/12/2016

End Date: 12/12/16

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 CCFFH recertification review made on 12/12/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Emerita A. Dela Cruz  
Primary Care Giver

Date

12-12-16  
Date