

Foster Family Home - Corrective Action Report

Provider ID: 1-510067

Home Name: Marilyn Dela Cruz, CNA

Review ID: 1-510067-4

91-1038 Pu'uainako Place

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 5/10/2017

End Date: 5/10/2017

Foster Family Home

Required Certificate

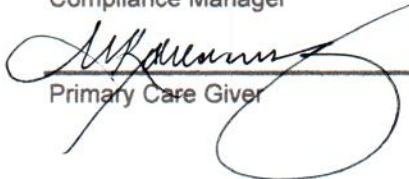
[17-1454-6]

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 5/10/2017. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager



Primary Care Giver

Date

05/10/2017

Date