

Foster Family Home - Corrective Action Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

176 Molokai Akau Street

Kahului HI 96732

Review ID: 4-580193-4

Reviewer: David Ayling

Begin Date: 2/7/2018

End Date: 2/7/18

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 2/7/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling
Compliance Manager

2/7/18
Date

Ellen Z. Cruz
Primary Care Giver

2/7/18
Date