

# Foster Family Home - Corrective Action Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-4

1254 Kapalama Avenue

Reviewer: Carrie Wakai

Honolulu HI 96817

Begin Date: 6/12/2018

End Date: 6/12/2018

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a 3 client CCFFH recertification survey. Home is in compliance with all requirements.

Carrie Wakai  
Compliance Manager

[Signature]  
Primary Care Giver

6/12/18  
Date

6/12/18  
Date