

Foster Family Home - Corrective Action Report

Provider ID: 1-625080

Home Name: Flordeliza Dela Cruz, CNA

Review ID: 1-625080-4

1303 Noelani Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 5/21/2018

End Date: 5/21/18


Foster Family Home Required Certificate [17-1454-6]

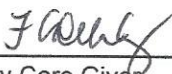
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/21/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

5/21/18
Date

5/21/18
Date