

# Foster Family Home - Corrective Action Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-5

91-1054 Haawina Street

Reviewer: Angelica Galindo

Kapolei HI 96707

Begin Date: 7/18/2018

End Date: 7/18/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for 2 person CCFFH recertification review made on 7/18/18. PCG request to increase to a 3 client CCFFH.

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

*Angelica Galindo, RN*

Compliance Manager

*Gudelia Cruz*

Primary Care Giver

*7/18/18*

Date

*7/18/18*

Date