

# Foster Family Home - Corrective Action Report

Provider ID: 1-150070

Home Name: Christine Dela Cruz, CNA

Review ID: 1-150070-5

94-538 Koaleo St.

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 8/27/2018

End Date: 8/27/18

Foster Family Home

Required Certificate

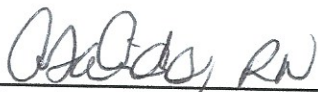
[17-1454-6]

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

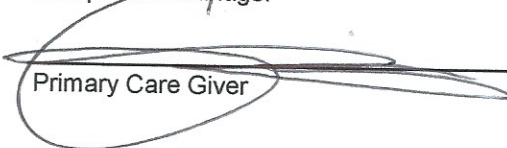
Comment:

Home visit for a 3 person CCFFH recertification review made on 8/27/18.

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



Compliance Manager

  
Primary Care Giver

8/27/18  
Date

8/27/18  
Date