

Foster Family Home - Corrective Action Report

Provider ID: 1-562159

Home Name: Betty Vera Cruz, CNA

Review ID: 1-562159-6

3611 Aliamanu Street

Reviewer: Angelica Galindo

Honolulu HI 96818

Begin Date: 1/18/2019

Foster Family Home Required Certificate [11-800-6]

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

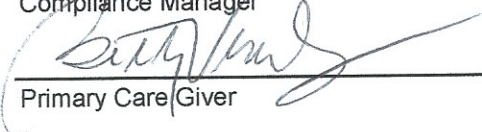
Comment:

Home visit for a 3 person CCFFH recertification review made on 1/18/2019.

6.(d)(1) - Home in compliance with all requirements.



Compliance Manager



Primary Care Giver

1/18/19
Date

1/18/19
Date