

Foster Family Home - Corrective Action Report

Provider ID: 1-510067

Home Name: Marilyn Dela Cruz, CNA

Review ID: 1-510067-5

91-1038 Pu'uainako Place

Reviewer: Lisa Johnson

Ewa Beach HI 96706

Begin Date: 5/30/2019

Foster Family Home

Required Certificate

[11-800-6]

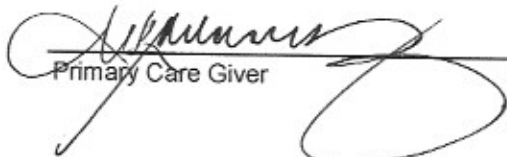
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 5/30/19. Home is in compliance with all requirements.


Compliance Manager

5/30/2019
Date


Primary Care Giver

05-30-2019
Date