

Provider ID: 1-40058

Home Name: Mildred Dela Cruz, CNA

2665 Waiianuhea Way

Hilo HI 96720

Review ID: 1-140058-4

Reviewer: Carol Copeland

Begin Date: 8/8/2019

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 performed to change to three client home and re certify home. Home not in compliance on day of inspection. Corrective action report issued with plan of correction due to CTA by 9/8/19.

Foster Family Home Physical Environment [11-800-49]

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.(d)(1) No closet in client bedroom.

*Carol Copeland*  
Compliance Manager

*8/17/19*  
Date

*Mildred Dela Cruz*  
Primary Care Giver

*8-9-2019*  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Mildred Dela Cruz  
 CCFFH Address: 2665 Waiannuha Way Hilo Hawaii 96720

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
49. (d)(1)	I bought closet in my client room and placed it on the wall	8/10/19	I will keep the client closet at all time in the room

Primary Caregiver's Signature: Mildred Dela Cruz

Print Name: MILDRED DELA CRUZ Date of Signature: 8/10/19