

Foster Family Home - Corrective Action Report

Provider ID: 1-190037

Home Name: Fredierick de la Cruz, RN

751 Puu Kala Street

Pearl City

HI 96782

Review ID: 1-190037-2

Reviewer: Julie Hastings

Begin Date: 4/16/2020

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 completed for a 2 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 2 bed certification

Julie Hastings RN, BSN
Compliance Manager

F. P. G.
Primary Case Giver

4-16-2020
Date

4/16/2020
Date

4/16/2020
Date