

# Foster Family Home - Corrective Action Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

Review ID: 4-580193-5

176 Molokai Akau Street

Reviewer: Lori O'Keefe

Kahului HI 96732

Begin Date: 2/21/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Recertification inspection conducted for this 2 bed home. Home is in compliance on day of inspection.

Lori O'Keefe RN  
Compliance Manager

Ellen J. Cruz  
Primary Care Giver

2/21/2020  
Date

2/21/2020  
Date