

Foster Family Home - Corrective Action Report

Provider ID: 1-562159

Home Name: Betty Vera Cruz, CNA

3611 Aliamanu Street

Honolulu HI 96818

Review ID: 1-562159-9

Reviewer: David Ayling

Begin Date: 1/11/2021

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. All requirements were met at the time of inspection. Home will receive a 3 bed certification.

David Ayling
Compliance Manager

1/11/2021
Date

Betty Vera Cruz
Primary Care Giver

1/11/2021
Date