

Foster Family Home - Corrective Action Report

Provider ID: 1-625080

Home Name: Flordeliza Dela Cruz, CNA

Review ID: 1-625080-7

1303 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 5/20/2021

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN 5/20/2021
Compliance Manager Date

[Signature] 5/20/2021
Primary Care Giver Date