

Foster Family Home - Corrective Action Report

Provider ID: 1-510067

Home Name: Marilyn R. Dela Cruz, CNA

Review ID: 1-510067-9

91-1038 Pu'uainako Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/3/2021


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

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


Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required. Voluntary decrease to 2 client home



Compliance Manager



Primary Care Giver

5/27/21
Date

5/27/21
Date