

Foster Family Home - Deficiency Report

Provider ID: 1-140058

Home Name: Mildred Dela Cruz, CNA

Review ID: 1-140058-8

2665 Waianuhea Way

Reviewer: Terri Van Houten

Hilo HI 96720

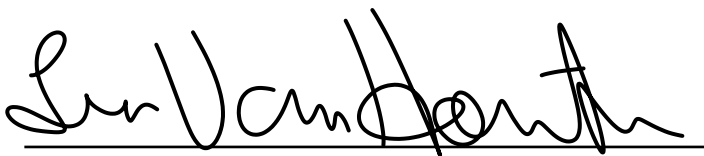
Begin Date: 7/15/2021

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

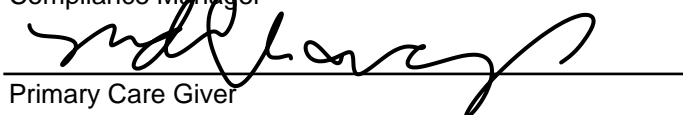
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/15/21

Date

7/15/21

Date