

Foster Family Home - Deficiency Report

Provider ID: 2-170057

Home Name: Marilyn Delacruz, CNA

Review ID: 2-170057-7

820-C Uilani Place

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 8/3/2021

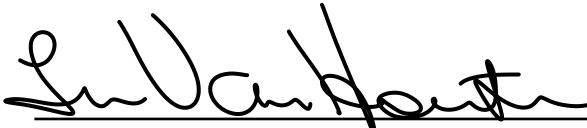
Foster Family Home **Required Certificate** **[11-800-6]**

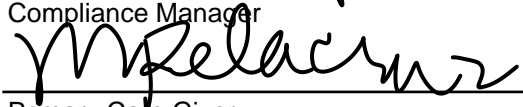
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

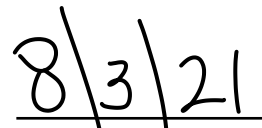
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.

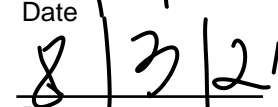
CG requesting to increase to a 3 client CCFFH. Meets criteria for a 3 client CCFFH.



Compliance Manager


Primary Care Giver



Date


Date