

Foster Family Home - Deficiency Report

Provider ID: 1-579592

Home Name: Emerita dela Cruz, CNA

Review ID: 1-579592-10

94-1110 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/19/2021

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 recertification inspection conducted.

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

Maribel Nakamine, RW 11/19/2021
Compliance Manager Date
Emerita Cruz 11/19/2021
Primary Care Giver Date