

Foster Family Home - Deficiency Report

Provider ID: 1-512724

Home Name: Editha de la Cruz, CNA

Review ID: 1-512724-11

94-270 Puamano Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 12/20/2021

Foster Family Home


Required Certificate

[11-800-6]


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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.


Compliance Manager

12/20/2021
Date


Primary Care Giver

12/20/2021
Date