

Foster Family Home - Deficiency Report

Provider ID: 1-190037

Home Name: Fredierick de la Cruz, RN

Review ID: 1-190037-6

751 Puu Kala Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/12/2022

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, RN

Compliance Manager

Fredrick de la Cruz, RN

Primary Care Giver

4/12/22

Date

4/12/22

Date