

# Foster Family Home - Deficiency Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-12

91-1054 Haawina Street

Reviewer: Po Lim

Kapolei HI 96707


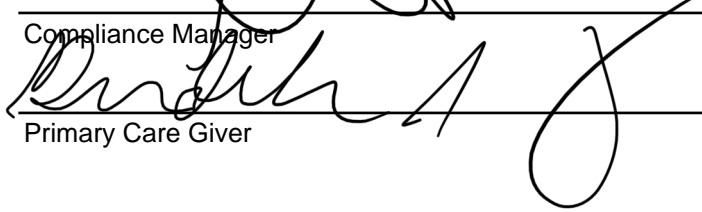
Begin Date: 6/16/2022

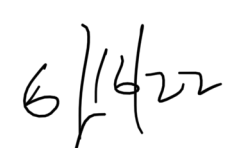
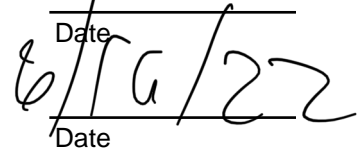
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6(d)(1) Unannounced recertification [REDACTED] made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date