

Foster Family Home - Deficiency Report

Provider ID: 1-562159

Home Name: Betty Vera Cruz, CNA

Review ID: 1-562159-13

3611 Aliamanu Street

Reviewer: Maribel Nakamine

Honolulu HI 96818

Begin Date: 11/17/2022

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, RW 11/17/22
Compliance Manager Date

Betty Vera Cruz 11/17/22
Primary Care Giver Date