

Foster Family Home - Deficiency Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

Review ID: 4-580193-12

478 Kea Street

Reviewer: Terri Van Houten

Kahului HI 96732

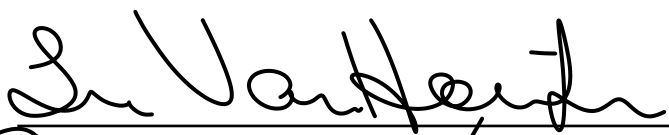
Begin Date: 11/14/2022

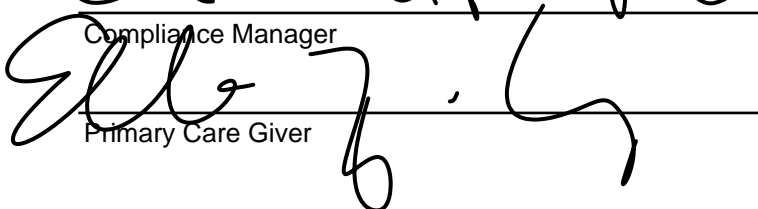
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.(d)(1) – Unannounced annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver

11/14/22
Date
11/10/22
Date