

Foster Family Home - Deficiency Report

Provider ID: 1-579592

Home Name: Emerita dela Cruz, CNA

Review ID: 1-579592-12

94-1110 Huakai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/13/2022

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 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager

Emerita A. Dela Cruz
Primary Care Giver

12/13/22

Date

12-13-22

Date