

# Foster Family Home - Deficiency Report

Provider ID: 2-559891

Home Name: Jocelyn Dela Cruz, CNA

Review ID: 2-559891-14

15-1868 28th Ave. Poha St,  
Paradise Park

Reviewer: David Ayling

Keaau HI 96749

Begin Date: 11/15/2022

Foster Family Home

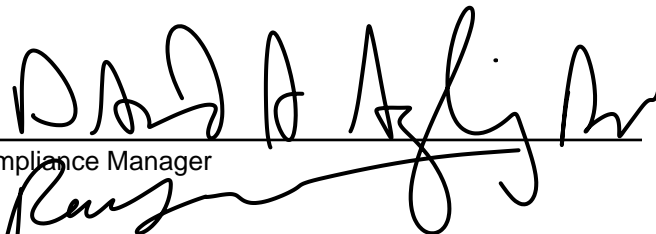
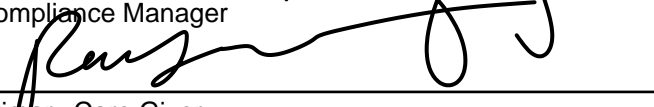
Required Certificate

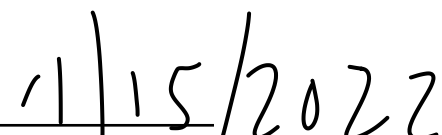
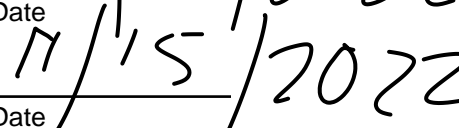
[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

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

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