

Foster Family Home - Deficiency Report

Provider ID: 1-625080

Home Name: Flordeliza Dela Cruz, CNA

Review ID: 1-625080-11

1303 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 4/12/2023

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 home visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

PCG requests to decrease from a 3-bed to a 2-bed CCFFH.

Maribel Nakamine, PC 4/12/23
Compliance Manager Date
J. Wong 4/12/23
Primary Care Giver Date