

# Foster Family Home - Corrective Action Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

Review ID: 4-580193-7

176 Molokai Akau Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 1/22/2021

Foster Family Home

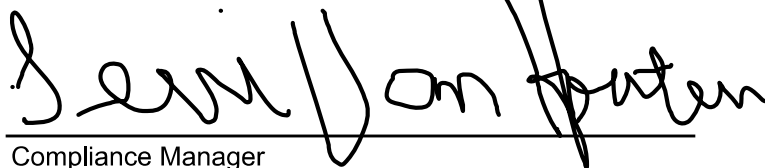
Required Certificate

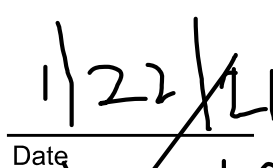
[11-800-6]

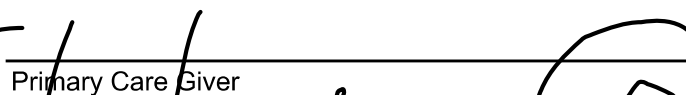
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date