

# Foster Family Home - Deficiency Report

Provider ID: 1-510067

Home Name: Marilyn R. Dela Cruz, CNA

Review ID: 1-510067-11

91-1038 Pu'uainako Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 5/12/2022

Foster Family Home

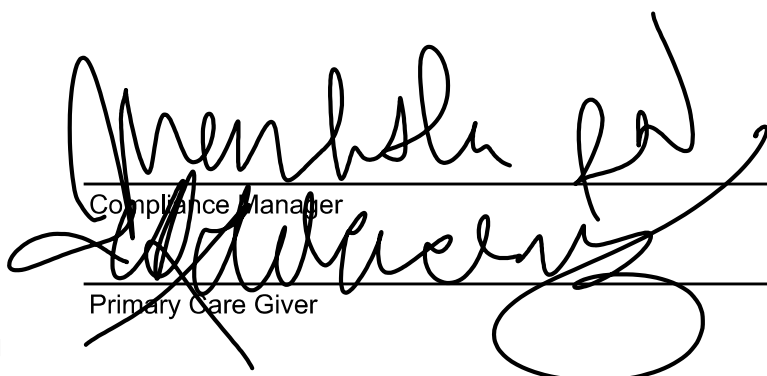
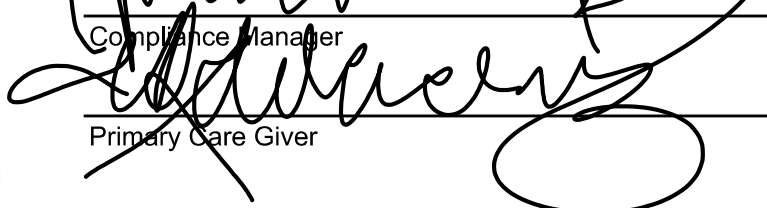
Required Certificate

[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

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

5/12/22  
\_\_\_\_\_  
Date  
5/12/22  
\_\_\_\_\_  
Date