

Foster Family Home - Deficiency Report

Provider ID: 1-230036

Home Name: Marsha De La Cruz, RN

Review ID: 1-230036-1

94-410 Hene Street

Reviewer: David Ayling

Waipahu HI 96797



Begin Date: 5/17/2023

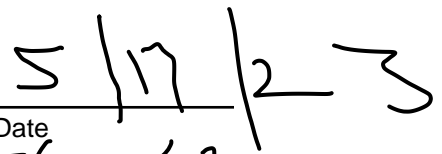
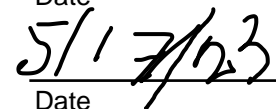
Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager

Primary Care Giver


Date

Date