

Foster Family Home - Deficiency Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-14

91-1054 Haawina Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 6/23/2023

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

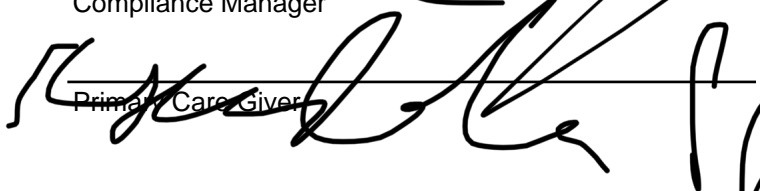
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver

_____ 6/23/23

_____ 6/23/23

Date

Date