

Foster Family Home - Deficiency Report

Provider ID: 1-230053

Home Name: Madona Dela Cruz, CNA

Review ID: 1-230053-1

98-248A Aiea Kai Place

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 7/24/2023

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