

Foster Family Home - Deficiency Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

Review ID: 4-580193-14

478 Kea Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/7/2023

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

11/7/23

Date

11/7/23

Date