

Foster Family Home - Deficiency Report

Provider ID: 1-510067

Home Name: Marilyn R. Dela Cruz, CNA

Review ID: 1-510067-15

91-1038 Pu'uainako Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 3/18/2024

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

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

Comment:

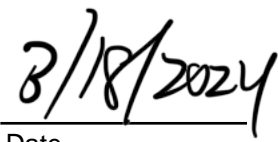
6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

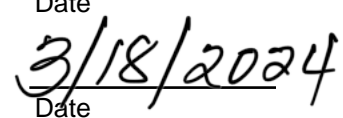
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date