

# Foster Family Home - Deficiency Report

Provider ID: 1-625080

Home Name: Flordeliza Dela Cruz, CNA

Review ID: 1-625080-13

1303 Noelani Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 5/28/2024

**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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date