

Foster Family Home - Deficiency Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-16

91-1054 Haawina Street

Reviewer: Ryan Nakamua

Kapolei HI 96707

Begin Date: 5/1/2024

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

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

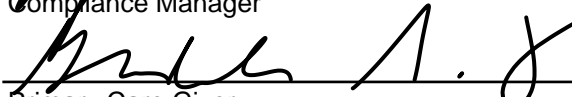
Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

CCFFH requests to increase to 3 bed CCFFH.



Compliance Manager



Primary Care Giver

5/1/24

Date
5/1/24

Date