

Foster Family Home - Deficiency Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

Review ID: 4-580193-17

408 Ano Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/26/2024

Foster Family Home

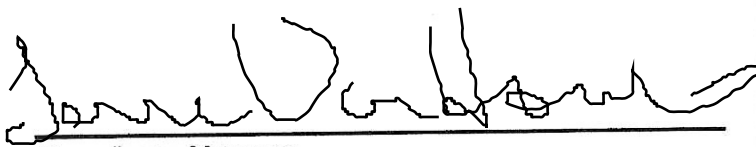
Required Certificate

[11-800-6]

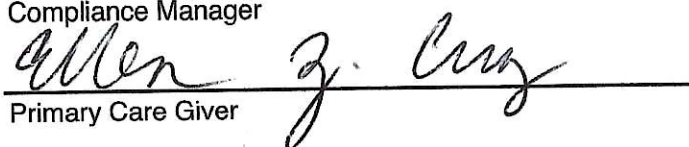
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver



Date



Date