Foster Family Home - Deficiency Report

Provider ID: 2-559891

Home Name: Jocelyn Dela Cruz, CNA Review ID: 2-559891-18

15-1868 28th Ave. Poha St,

Reviewer:

Begin Date:

David Ayling

Paradise Park

Keaau HI 96749

11/13/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

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Date