

# Foster Family Home - Deficiency Report

Provider ID: 1-562159

Home Name: Betty Vera Cruz, CNA

Review ID: 1-562159-19

3611 Aliamanu Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 11/21/2025

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

11/21/25  
\_\_\_\_\_  
Date  
11/21/25  
\_\_\_\_\_  
Date