

Foster Family Home - Deficiency Report

Provider ID: 4-580193

Home Name: Ellen Cruz, CNA

Review ID: 4-580193-19

408 Ano Street

Reviewer: David Ayling

Kahului HI 96732


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) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



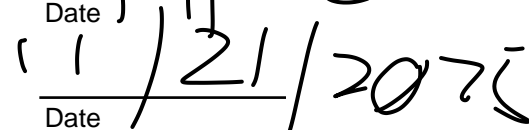
Compliance Manager



Primary Care Giver



Date



Date