

Foster Family Home - Deficiency Report

Provider ID: 1-579592

Home Name: Emerita dela Cruz, CNA

Review ID: 1-579592-18

94-1110 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/8/2025


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

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

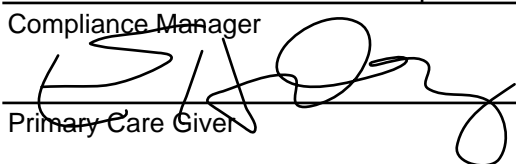
Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.



Compliance Manager



Primary Care Giver

Date 12/8/25

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