

# Foster Family Home - Deficiency Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-19

94-1078 Haalau Street

Reviewer: Po Lim

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

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Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/8/2025

\_\_\_\_\_  
Date

12/8/25

\_\_\_\_\_  
Date