

Foster Family Home - Corrective Action Report

Provider ID: 1-579592

Home Name: Emerita dela Cruz, CNA

Review ID: 1-579592-6

94-1110 Huakai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/2/2020

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

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

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/2/20.

6.(d)(1)- see applicable sections of the review

PCG requests to increase to 3 bed CCFFH.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN for CG#1 expired on 7/19/19 and renewed 8/28/19.

Maribel Nakamine, PC

Compliance Manager

Emerita A. dela Cruz

Primary Care Giver

1/2/2020

Date

1-2-2020

Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Emerita dela Cruz

CCFFH Address: 94-1110 Huakai Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	Lapse cannot be corrected however, CG#1 showed the current APS/CAN for CG#1 during home inspection/survey. Documents were placed in home binder.	1/2/20	Home will use a spreadsheet to schedule all due dates 2 months in advance to prevent future lapses.

Primary Caregiver's Signature: Emerita A. dela Cruz

Print Name: EMERITA A. DELA CRUZ Date of Signature: 1-2-2020