

Foster Family Home - Deficiency Report

Provider ID: 1-190070

Home Name: Ruby Lea Dela Cruz, CNA

Review ID: 1-190070-5

94-278 Loaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/10/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed. corrective action required due to CTA within 30 days

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) CG # 4 has not completed the consecutive APS CAN fingerprint (first 2 year requirement)

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:


46.(a) No proof of fire drill since 5/2021

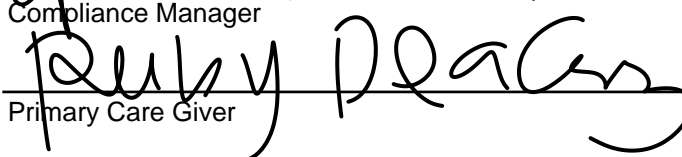
Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:


Comment:

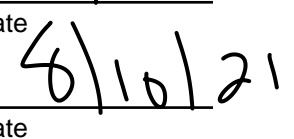
50(e) There is no doorbell at the front door. The CCFFH lacks a communication method to the CCFFH for quick access into the CCFFH.



Compliance Manager


Primary Care Giver



Date


Date