

# Foster Family Home - Deficiency Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

1254 Kapalama Avenue

Honolulu

HI 96817

Review ID: 1-563800-8

Reviewer: David Ayling

Begin Date: 7/6/2021

## Foster Family Home

### Required Certificate

[11-800-6]

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

Comment:

6.d.1 Annual unannounced inspection made today. Corrective action report was issued during visit with a written plan of correction due to CTA by 8/6/21.

## 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;

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

Comment:

8.(a)(1)(2) - No current APS/CAN and criminal history for CG #2 and CG #4. Expired on 3/8/21.

## Foster Family Home

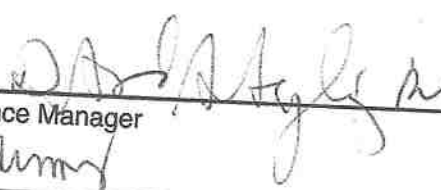
### Personnel and Staffing

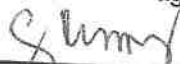
[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - No current TB clearance for CG #1, CG #2, and CG #4. Expired on 12/14/20.

  
Compliance Manager

  
Primary Care Giver

7/6/2021  
Date

7/6/21  
Date

CTA RN Compliance Manager: DAVID AYLING, RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: ESTERLYN DELA CRUZ

(PLEASE PRINT)

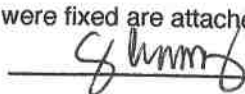
CCFFH Address: 1254 KAPALAMA AVENUE, HONOLULU, HI 96817

(PLEASE PRINT)

| Rule Number            | Corrective Action Taken – How was each issue fixed for each violation?  | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?  |
|------------------------|---|-------------------------------|--|
| 8. (a)(1)<br>8. (a)(2) | I received current criminal histories from CG#2 and CG#4, current APS/CAN from CG#4 and waiting for CG#2 APS/CAN results. | 08/03/21                      | I have put the expiration dates for APS/CAN, ECRIM, and TB Clearances for all caregivers on my iPhone calendar. I set the reminders for 1 month prior to expiration. |
| 41.(b)<br>(1)          | I received current TB clearances from CG#1, CG#2, and CG#4. I put the results in CCFFH binder.                            | 07/22/21                      |  |

All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

8/6/21

CTA has reviewed all corrected items