

Foster Family Home - Deficiency Report

Provider ID: 1-180012

Home Name: Nerissa Dela Cruz, CNA

Review ID: 1-180012-8

94-403 Kipou Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/30/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A deficiency Report was issued during the visit and a corrective action plan (CAP) is due back to CTA before 30 days.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)
CG#2 has no 2020 TB

41.(f)(1)
HHM#2 Minor has no TB clearance or declination form

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

3.(c)(3)
CG#6 is not delegated for Client #3

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire
No June-Dec 2020 Fire Drill

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Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)
CG#6 not on liability insurance



Compliance Manager



Primary Care Giver

11/30/2021

Date

12/9/2021

Date

CTA RN Compliance Manager: Julie Hastings,BSN,RN

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

PCG's Name on CCFFH Certificate: NERISSA DELA CRUZ

(PLEASE PRINT)

CCFFH Address: 94-403 KIPOU STREET WAIPAHU HI. 96797

(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?
41.(b) (7)	TB 2020 for CG#2 is lapsed and cannot be corrected.	11/30/21	Home will use a post it notes to put on the office wall and be reminded all the due dates 2-3 weeks prior to expirations.
41.(f) (1)	TB Clearance was obtained for HHM#2 Minor. It was placed to home binder.	12/20/21	Home understands getting TB test for minors is needed and will use phone calendar alarm to be reminded before it will expires.
43.(c) (3)	RN Delagation was done for CG#6.It was placed into the client binder.	11/30/21	Home will notify client's case manager to set meeting and make sure all delagation needed is performed and signed. RN delagation needs to be done immediately of a caregiver being added to the home.
(3P)(b) (1)	June-Dec 2020 fire drill was done. It was placed back to home binder.	11/30/21	Home understands and will make sure all documets separated for records keep will also be shown to compliance manager during the visit.
51.(a) (1)	CG#6 liability insurance obtained updated copy. It was placed to home binder.	12/24/21	Home understands and will make sure caregiver is updated and present on the liability insurance. Home will immediately notify insurance for changes in CG.

☒ All items that were fixed are attached to this CAP

PCG's Signature: _____

Date: 12/25/2021

☒ CTA has reviewed all corrected items