

Foster Family Home - Deficiency Report

Provider ID: 1-220045

Home Name: Mannycel Dela Cruz, CNA

Review ID: 1-220045-1

4519 Likini Street

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 6/20/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/20/22.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(a)(4) - Needs 1 approved ■ G.

41.(b)(5) - Needs Auto Insurance to have the correct amount of coverage, 100,000 Bodily Injury and 30,000 Property Damage.

41.(f)(1) - HHM ■ needs a current TB clearance.

Compliance Manager

Primary Care Giver

Date

Date