

Foster Family Home - Deficiency Report

Provider ID: 1-618796

Home Name: Luzviminda dela Cruz, CNA

Review ID: 1-618796-13

94-479 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/28/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/28/22.

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)- CG#4's Ecrim lapsed on 2/7/22 and was done on 3/16/22. HHM#4's APS/CAN/Fingerprinting lapsed on 1/7/22 and was done on 1/12/22.

Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CG#1 was short of 5 hours (required 12 hours) of annual in-service for the year 2022. CG#2 was short of an hour (required 8 hours) for 2022.

Foster Family Home Client Care and Services [11-800-43]

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:

43.(c)(3)- No RN delegations present for CG#2 in Client #2's chart.

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

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b), (b)(2)- No Adverse Event form completed and faxed regarding Client#1's skin integrity impairment.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #2's Service Plans dated 2/9/22 and 8/4/22 were without signatures of client.

Maikel Nakamine, RW 10/28/22
Compliance Manager Date
Luz Marina de la Cruz 10/28/22
Primary Care Giver Date