

Foster Family Home - Deficiency Report

Provider ID: 1-618796

Home Name: Luzviminda dela Cruz, CNA

Review ID: 1-618796-15

94-479 Hoaaee Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 10/27/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days from inspection date (inspection date: 10/27/2023).

Foster Family Home Information Confidentiality [11-800-16]

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

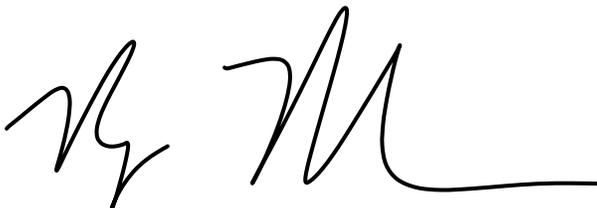
16.(c)(1): No evidence by CCFFH of consent from client #1 to use monitor in client #2's bedroom.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Evidence of medication administration for client#1 without documentation of time been given to client.



Compliance Manager



Primary Care Giver

10/27/23
Date
10/27/23
Date