

Foster Family Home - Deficiency Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-14

1254 Kapalama Avenue

Reviewer: Ryan Nakamua

Honolulu

HI 96817

Begin Date: 4/10/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/10/2024).

Foster Family Home Client Rights [11-800-53]

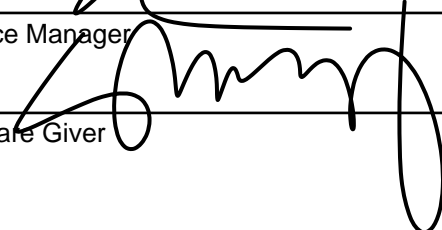
53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

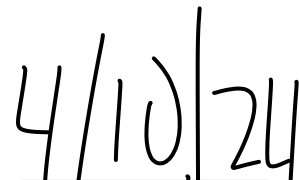
53.(b)(16): Food and food preparation area is located with 3 steps and no wheelchair accessibility inside of home. No refrigerator and microwave found on same floor level where clients reside.



Compliance Manager



Primary Care Giver



Date



Date