

Foster Family Home - Deficiency Report

Provider ID: 1-190037

Home Name: Fredierick de la Cruz, RN

Review ID: 1-190037-11

94-1063 Nalii Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 2/9/2024

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 concluded: 2/29/2024).

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;

Comment:

8.(a)(1): Evidence by documents provided by CCFFH of lapse of criminal background check for CG#3 from 4/05/2021 to 3/30/2023. Most recent documents provided by CCFFH of ecrim clearance dated 4/04/2019 and 3/31/2023.

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

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)(3): CG#4 unable to provide caregiver and client documents on initial inspection on 2/09/2024. CG#4 stated that she did not know where the documents were located. CTA unable to complete proper inspection and revisited CCFFH on 2/29/2024 to complete recertification inspection.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence by CCFFH of physician's order for use of bed side rails for client #1. No documentation of signed order provided by CCFFH.

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)(2): No evidence by CCFFH of written report sent to previous client's case management agency within 72 hours of client's expiration.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(A)(1): Documents provided by CCFFH show lapse of liability insurance for CCFFH from 11/30/2022 to 11/29/2023. No proof of insurance provided by CCFFH.

Foster Family Home

Records

[11-800-54]

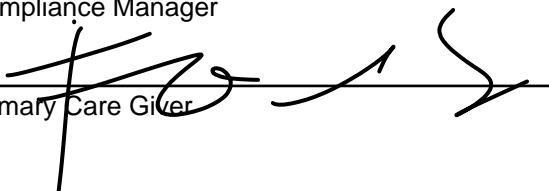
54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b): No documentation provided by CCFFH of progress notes of client since admission.



Compliance Manager



Primary Care Giver

2/29/24
Date
2/29/24
Date