

# Foster Family Home - Deficiency Report

Provider ID: 1-512724

Home Name: Editha de la Cruz, CNA

Review ID: 1-512724-17

94-270 Puamano Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/26/2024

## 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 visit made for a 3 bed re-certification inspection.

Client #1 is missing Form 1147.

Client #2 have an expired Form 1147 on 7/26/2024.

Deficiency Report issued during CCFFH inspection via email on 9/26/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG# 5.

APS/CAN was due on or before 12/1/2023 and was completed on 7/19/2024.

8(c) State Name Check (eCrim) was lapsed for CG# 5. State Name Check (eCrim) was due on or before 10/20/2023 and was completed on 4/17/2024.

## 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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, #4, and #5. CG#1, #2, #3, #4, and #5 requires 12 hours of in-service training, but had only 5 hours attended in 2023.

41.g. No basic skills check present in record for CG#4.

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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 delegation present for Client #2 for CG#5.

Foster Family Home

Records

[11-800-54]


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

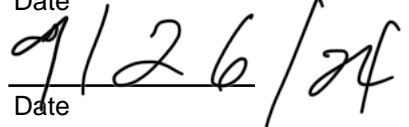
Comment:

54(c)(2)  
No current service plan present for Client# 2. Last one in record is dated 5/10/2023.  
No current signatures of POA for service plan present for Client #1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date