

Foster Family Home - Deficiency Report

Provider ID: 1-579592

Home Name: Emerita dela Cruz, CNA

Review ID: 1-579592-16

94-1110 Huakai Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/30/2024

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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 10/30/2024)

PCG requests to decrease from 3-bed to 2-bed CCFFH.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)-last monthly fire drill conducted was 6/2/2024



Compliance Manager

Primary Care Giver

10/30/2024
10/30/2024
10/30/2024

CTA RN Compliance Manager: Deborah Baumgart LPN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Emerita Dela Cruz
(PLEASE PRINT)

CCFFH Address: 94-1110 Huakai Street, Waipahu, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(a)	Lapse cannot be corrected	11/14/24	To prevent any future deficiency, I will input monthly fire drills in my calendar.

All items that were corrected are attached to this POC

PCG's Signature: Emerita A. Dela Cruz

Date: 11/14/2024

CTA has reviewed all corrected items