

# Foster Family Home - Deficiency Report

Provider ID: 1-628117

Home Name: Laura Dela Cruz, RN

Review ID: 1-628117-17

94-1078 Haalau Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/27/2024

## 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 plan of correction due to CTA within 30 days of inspection (issued on 11/27/24).

## 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), (2) - No sex offender search results present for CG#1, CG#2, CG#3, and CG#4. CG#4's Ecrim result lapsed on 11/6/24 and no current result was present.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(3)- No Job Experience form completed by CG#1.

41.(b)(7)- CG#1's TB Clearance result was not in an approved form per department guidelines.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

## 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)- Client #1's Service Plan dated 9/10/24 without the client/OPG's signature.

Maribel Nakamine, RN 11/27/24  
Compliance Manager Date  
[Signature] 11/27/24  
Primary Care Giver Date  
-706 L. D. C. ✓  
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