

# Foster Family Home - Deficiency Report

Provider ID: 1-618796

Home Name: Luzviminda dela Cruz, CNA

Review ID: 1-618796-17

94-479 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/10/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/10/24).

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

## 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;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #2's Service Plan lapsed on 8/14/24 and no current document was present.

54.(c)(5)- Client #1 was missing one as needed lifesaving medication.

Maribel Nakamine, RN 10/10/24  
Compliance Manager Date  
Luzviminda dela Cruz 10/10/24  
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Luzviminda de la Cruz  
(PLEASE PRINT)

CCFFH Address: 94-479 Hoaeae St., 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?
47.c	Case Manager sent in the updated list of medications' side effects for Client #1	11/5/24	Case Manager and the Caregiver will be sure that the list of medications' side effects is always updated and in the client's chart.
54.c.2	Lapse can not be corrected. Case Manager and Caregivers reviewed service plan with the client's representative and signed.	11/5/24	Case Manager and Caregivers will make sure that the client's service plan is current and in the client's chart.
54.c.5	Primary Caregiver followed up with MD for missing medication on hand. After received it was placed in the client's medication container.	11/5/24	Caregivers will make sure all medications are always available on hand.

All items that were corrected are attached to this POC

PCG's Signature: Luzviminda de la Cruz

Date: 11/5/24

CTA has reviewed all corrected items