

Foster Family Home - Deficiency Report

Provider ID: 1-180012

Home Name: Nerissa Dela Cruz, CNA

Review ID: 1-180012-15

94-403 Kipou Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 11/25/2024

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 annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 11/25/2024)

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;

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

Comment:

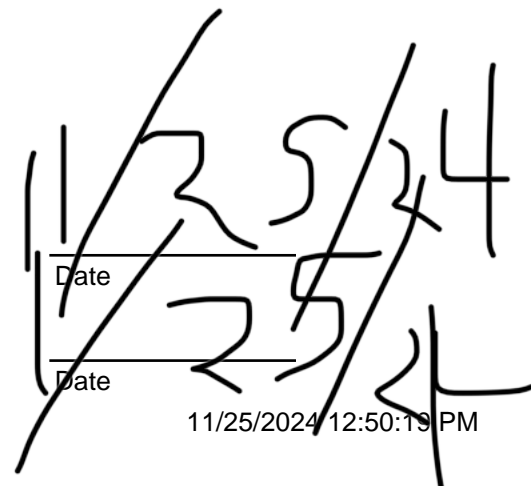
8.(a)(1)(2)-HHM#3 APS/CAN fingerprints lapsed 11/22/2024 and was done on 11/29/2024.



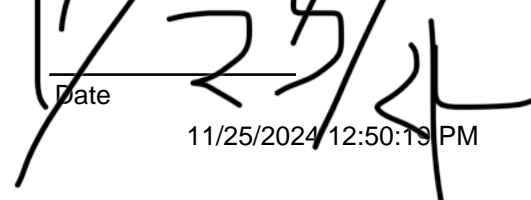
Compliance Manager



Primary Care Giver



Date



Date

11/25/2024 12:50:19 PM

CIA RN Compliance Manager: Deborah Baumgart LPV

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

PCG's Name on CCFFH Certificate: NERISSA DELA CRUZ
(PLEASE PRINT)

CCFFH Address: 94-403 KIPOU 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?
8.(a)(1) (2)	Lapsed cannot be corrected.	11/25/24	CG#1 will create a spread sheet with the lists of documents with expiration dates and attached it in my office wall for easy quick look Will schedule 2-3 weeks before it will expires.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 11/25/2024

CTA has reviewed all corrected items