

Foster Family Home - Deficiency Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-16

1254 Kapalama Avenue

Reviewer: Ryan Nakamura

Honolulu

HI

96817

Begin Date: 4/10/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/10/2025).

6.(d)(1): No documentation provided by CCFFH of CNA registry check for CG#1.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

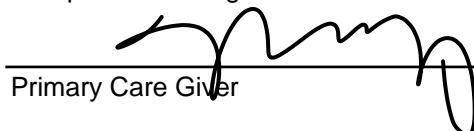
(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: Evidence provided by CG#1 disclosed that CG#8 was caregiver on duty for 2 weeks during month of 2/2025. CG#8 is only a nurse aide. Per HAR, nurse aides are only allowed to work for up to 5 hours a day and not exceed 28 hours per week. CNAs are allowed to be on duty for longer than those restrictions. Discrepancy noted per CG#1's statement and caregiver sign-in and out for month of 2/2025. Log does not show CG#1 was out for two weeks.



Compliance Manager



Primary Care Giver

4/10/25

Date

4/18/25

Date

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN / RYAN NAKAMURA

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: ESTERLYN DELA CRUZ

(PLEASE PRINT)

CCFFH Address: 1254 KAPALAMA AVENUE, HONOLULU, HI 96817

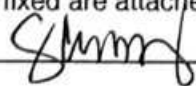
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6.(d)(1)	Obtained a copy of CNA registry check for CG#1 and placed in home binder.	04/12/25	PCG will audit the home binder monthly to ensure documents are updated to prevent any lapses from occurring.
(3P)(b)(2)	Cannot be corrected. CG#1 was on a trip (02/07/25-02/21/25), however, CG#8 was at the residence during that time frame. Updated sign in and out sheets provided.	04/18/25	Home generated a poster near the door to enforce the use of sign in and out sheets. PCG and SCG has conducted a meeting to discuss how to accurately complete sign in and out sheet. PCG will conduct an audit daily to ensure SCG and PCG movement is annotated. Also, PCG will add a list of SCG credentials and their maximum hours allowed within the home on the sign-out sheet. PCG will monitor the time spent not in the home. If PCG is expected to be out for more than 5 hours or if PCG will reach the maximum allowed time per week, PCG will check the list to make sure SCG is a CNA before leaving the home.



All items that were fixed are attached to this CAP

PCG's Signature: _____



Date: _____

4/22/25



CTA has reviewed all corrected items