

# Foster Family Home - Deficiency Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-18

91-1054 Haawina Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 7/8/2025

## 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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/8/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) CG#1, #2, #3, and HHM#1 does not have sex offender registry check on file.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and CG#2.

41.b.4 Disclosure form is not current for CG#1.

41.(f)(1) TB clearance not recorded on the standard DOH form for HHM#1.

Compliance Manager

Primary Care Giver

Date

Date

### Community Care Foster Family Home (CCFFH)

**Written Plan of Correction (POC)**

## Chapter 11-800

PCG's Name on CCFFH Certificate:

**(PLEASE PRINT)**

CCFFH Address:

**(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)	Sex offender registry checks were done for CG#1, #2, #3 and HHM#1. Results are on file.	7/8/25	Annual checklist for all annual requirements will include sex offender registry checks.
41.(a)(2)	CNA Prometric registry checks were done for CG#1 and CG#2. Results are on file	7/8/25	Annual checklist for all annual requirements will include CNA Prometric registry checks.
41.(b)(4)	Updated Disclosure form for CG#1 is current on file.	7/8/25	Will update Disclosure form for CG#1 annually.
41.(f)(1)	HHM#1 TB Clearance was transferred on the standard DOH form.	7/8/25	Will use standard DOH form for all TB Clearances.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Date:

7/10/25

☒ CTA has reviewed all corrected items