

# Foster Family Home - Deficiency Report

Provider ID: 1-140058

Home Name: Mildred Dela Cruz, CNA

Review ID: 1-140058-16

2665 Waianuhea Way

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 7/2/2025

Foster Family Home	Required Certificate	[11-800-6]
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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: 7/2/2025).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

Comment:


41.(a)(2): No evidence present in CCFFH records of CNA prometric registry checks for CG#1, CG#2, CG#4, and CG#5.

Foster Family Home	Physical Environment	[11-800-49]
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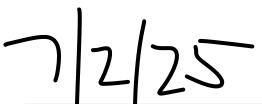
49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

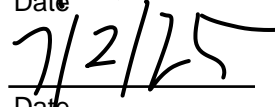
Comment:

49.(b)(3): No documentation present client records of signed consent/acknowledgement of use of camera/monitor in client's bedroom/common living area for client #1 and client #2. Camera/monitor found in client #1's bedroom and in client #1 and #2's common living area.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date