

Foster Family Home - Deficiency Report

Provider ID: 1-560541

Home Name: Luz Ruiz, CNA

Review ID: 1-560541-18

94-465 A Pilimai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/12/2025

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 9/12/24.

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) - No current APS/CAN, eCrim and Sex Offender for all CG's.
CG #2 has a current eCrim. CG #3 has a current Sex Offender

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #1 and CG #4. Expired on 4/28/2025 for CG #1.

41.(b)(8) - No current Blood Borne Pathogen for CG #1 and CG #4. Expired on 4/8/2025. No current CPR/First Aid for CG #4. Expired on 9/2/2024.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(5), (3P)(b)(6) Fire - No documentation in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants. No SCG included or leading a Fire Drill at least once per year.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(b)(4) Env. the room allow space for clients and wheelchairs to move easily

Comment:

(3P)(b)(4) Env. - No wheelchair access to the kitchen from client's bedrooms.

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Records

[11-800-54]

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

Comment:

54.(c)(5) - Medications not charted on the MAR since 8/2/2025 for Client #1, client #2, and client #3.

David A. Ayling, RN
Compliance Manager

8/12/2025
Date

Primary Care Giver

8/12/2025
Date