

# Foster Family Home - Deficiency Report

Provider ID: 1-250017

Home Name: Arlene dela Cruz, CNA

Review ID: 1-250017-4

3554 Likini Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 2/3/2026

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/17/26.

## 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) - Sex Offender checks filled out incorrectly for CG #2, CG #3, HHM #1, and HHM #3.

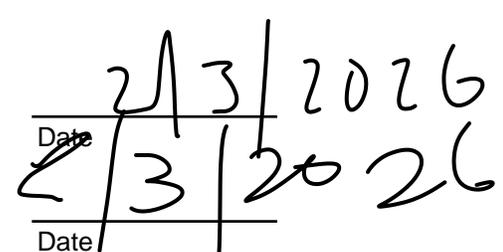
## Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(8) - CPR for CG #2 not done at an approved company.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date