

# Foster Family Home - Deficiency Report

Provider ID: 1-190037

Home Name: Fredierick de la Cruz, RN

Review ID: 1-190037-15

94-1063 Nalii Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 1/20/2026

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

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Client#1 Form 1147 is not present in the file.

Client#2 current Form 1147 is not present in the file. Last expired on 6/4/2025.

Client#3 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 1/20/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(a)(2) CG#3 CNA license expired on 6/30/2025, and no renew in file.

41(a)(3) No job experience form present for CG#4.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#1, #2, #3, and #4.

CG#2 CPR/1st aid expires 12/18/2025, and no new in file.

CG#3 CPR/1st aid expires 11/15/2025, and no new in file.

CG#1, #2, #3, and #4 Bloodborne Paathogen/IC were expired on 1/7/2026, no new in file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2, #3, and #4. CG#2, #3, and #4 requires 12 hours of in-service training, but had only ZERO hours attended in 2025.

# Foster Family Home - Deficiency Report

## 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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#2 (NA) worked in a day or week.

## Foster Family Home

## Client Care and Services

## [11-800-43]

43.(c)(3)      Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG## and CG#4.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire      shall be conducted monthly

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

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly / included each CG at least once per year.

CG#2, #3, and #4 did not conduct a fire drill in the past 12 months.

Last fire drill conducted by CCFFH was on 3/8/2025.

## Foster Family Home

## Records

## [11-800-54]

54.(c)(2)      Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

54.(c)(6)      Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signature of the POA for service plan present for Client#1.

54(c)(5) No MAR present for January 2026 for Client#2.

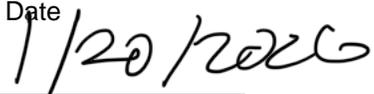
Client#1 MAR was not documented daily. Sheet not completed from 1/13/2026 to 1/19/2026.

54(c)(6) No ADL flow sheet present for Client#2 and Client#3 for January 2026.

Client#1 ADL flowsheet was not documented daily. Sheet not completed from 1/10/2026 to 1/19/2026.

Client #3 did not have evidence of RN monthly visit notes for months of 5/2025, 6/2025, 7/2025, 11/2025, and 12/2025.

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

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