

Foster Family Home - Deficiency Report

Provider ID: 1-250001

Home Name: Jessebelle Dela Cruz, NA

Review ID: 1-250001-5

94-563 Apii Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/5/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/5/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#1.

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) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG# 2 TB clearance expired, was due on/before 7/19/2025 and was not completed.


41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#2. CG#2 CPR/1st aid expires 1/20/2025. CG#2 BBP/IC expired on 4/24/2025 and no renew on file.

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.



Compliance Manager



Primary Care Giver

11/5/2025

Date

11/5/2025

Date