

Foster Family Home - Deficiency Report

Provider ID: 1-618796

Home Name: Luzviminda dela Cruz, CNA

Review ID: 1-618796-20

91-1037 Paaoloulu Way

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 12/3/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/3/25).

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- CCFFH with home renovations noted during CCFFH inspection/survey. CTA was not notified.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(c)- No list of medications' side effects present in chart/records for Client #1.

47.(e)- Client #1 and Client #2 were on specialized feeding - no training present in clients' charts/records.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH's kitchen located on the 2nd floor- no accessibility for a wheelchair/walker.

Maribel Nakamine RN 12/3/25

Compliance Manager

Luzviminda dela Cruz

Primary Care Giver

Date

12/3/25

Date

JS

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Luzviminda de la Cruz
(PLEASE PRINT)

CCFFH Address: 91-1037 Paaoloulu Way, Kapolei HI 96707
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
12.(4)	Renovations of the house were completed.	12/6/25	PCG will make sure to report or notify [REDACTED] before starting on home renovations.
47.(c)	Case manager sent in the updated list of medications' side effects for Client #1	1/2/26	Case manager and caregivers will regularly check that all the documents in Client's charts are up to date, and will update the Client's charts for any new changes, including the list of medications' side effects.
47.(e)	Case manager trained caregivers on specialized feeding in using thickener in their diet for Client #1 and Client #2.	12/4/26	PCG and Case managers will properly cooperate and update each other on any new changes regarding Clients' diets. When needed, PCG and SCGs will be notified of all changes, and Case manager will train caregivers on the necessary changes.
49.(a)(4)	PCG created a wheelchair/walker accesible kitchen downstairs.	12/5/26	PCG will always make sure to keep a wheelchair/walker accesible kitchen downstairs.

All items that were corrected are attached to this POC

PCG's Signature: Luzviminda de la Cruz

Date: 01/12/26

CTA has reviewed all corrected items