

# Foster Family Home - Deficiency Report

Provider ID: 1-180012

Home Name: Nerissa Dela Cruz, CNA

Review ID: 1-180012-17

94-403 Kipou Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 12/12/2025

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

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

Comment:

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

Deficiency Report issued during CCFFH inspection via email on 12/12/2025 with Plan of Correction due to CTA within 30 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.(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.

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) CNA Prometric registry check are not present for CG#4 and CG#6.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4 and CG#6. CG#4 TB clearance was not reported on the State standardized form and was also signed by a non-provider. CG#6 TB clearance was not reported on the State standardized form.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, #2, #3, #4, #5, and #6. The BBP/IC certificate was issued with invalid dates.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#5. CG#5 requires 12 hours of in-service training, but had only 2 hours attended in 2024.

Co  
Primary Caregiver



12/12/2025  
12/12/2025  
Date

CTA RN Compliance Manager: LAURIE VOSLER, LPN

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

PCG's Name on CCFFH Certificate: NERISSA C. DELA CRUZ

(PLEASE PRINT)

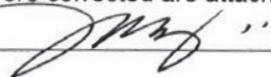
CCFFH Address: 94-403 KIPOU ST. WAIPAHU HI. 96797

(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?
41.a.2	Completed the CNA Registry for CG#4 and CG#6. It was placed into home record.	1/6/26	I will make sure to have the copies of the registry filed in the binder.
41.b.7	Completed the Form F TB clearances for CG#4 and CG#6. Please see attached TB clearances.	12/29/25	I will make sure to use the new and updated TB clearance forms.
41.b.8	Invalid Bloodborne Pathogens was corrected by Executive Secretary of Caregivers Association for CG#1, CG#2, CG#3, CG#4, CG#5 and CG#6. Please see attached corrected certificates.	12/30/25	I will make sure that the certificates are valid with the correct dates.
41.c	All the 2024 In-service Certificates for CG#5 are now filed in the correct binder.	12/13/25	I will make sure to file all the completed 2024 In-services in the correct binder.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 1/8/2026

CTA has reviewed all corrected items