

Foster Family Home - Deficiency Report

Provider ID: 2-559891

Home Name: Jocelyn Dela Cruz, CNA

Review ID: 2-559891-20

15-1868 28th Ave. Poha St,
Paradise Park

Reviewer: Ryan Nakamura

Keaau HI 96749

Begin Date: 10/1/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/01/2025).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#3. APS/CAN clearance was due by 2/24/2025 and completed 3/14/2025.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed by CG#5.

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 evidence present in client records of RN delegations given by client #2's case management agency for oral medication administration for CG#4.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted from months of 6/2025 to 9/2025.

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Physical Environment

[11-800-49]

49.(b)(3)

Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client records of written consent signed by client/responsible party use of camera/monitors in bedrooms or common living areas for client #1, #2, #3.

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Records


[11-800-54]

54.(c)(5)

Medication schedule checklist;


Comment:

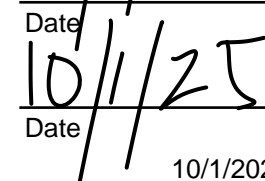
54.(c)(5): Discrepancy noted between medication administration time documented in client #2's medication administrative record (MAR) compared to physician order for Metoprolol. Order stated to administer Metoprolol 25 mg 1 tablet in the morning, 1 tablet at lunchtime, and may administer additional tablet if BP >140/90 at bedtime. Per MAR, Metoprolol administered only in the AM and at bedtime.



Compliance Manager


Primary Care Giver



Date


Date