

Foster Family Home - Deficiency Report

Provider ID: 1-230053

Home Name: Madona Dela Cruz, CNA

Review ID: 1-230053-6

98-248A Aiea Kai Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 3/17/2026

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 inspection made for a 3-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 3/24/26).

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1), (2)- HHM#2 and HHM#3's APS/CAN/Ecrim expired on 9/12/25 and no current results were present.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills check present for CG#6 in Client #2's chart/records.

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) CG#6 without evidence of having had the RN delegations on oral/topical/suppository medications administration for Client #2.

Maribel Nakamine RN 3/24/26

Compliance Manager

Date

mtammy

Primary Care Giver

3/25/26

Date

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: Madona Dela Cruz
(PLEASE PRINT)

CCFFH Address: 98-248 A Aiea Kai Place, Aiea Hawaii 96701
(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?
8.(a)(1) (2)	HHM#2 and HHM#3 scheduled for APS/CAN fingerprints.	3/25/2026	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 to 4 weeks before due date to prevent future lapses.
41.(g)	CG#6 delegated in basic skills for Client#2 signed the skills checklist and PCG filed in the administrative binder.	3/25/2026	Home will notify client's CMA that basic skills check needs to be done within 7 days of a caregiver being added to the home.
43.(c)(3)	RN Delegation was done for CG#6 by the client's CMA. It was placed into the client record.	3/25/2026	Home will notify client's CMA that RN delegation needs to be done within 7 days of a caregiver being added to the home.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 03/27/2026

CTA has reviewed all corrected items