

Foster Family Home - Deficiency Report

Provider ID: 1-230036

Home Name: Marsha De La Cruz, RN

Review ID: 1-230036-7

94-410 Hene Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/10/2026

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 3/10/26).

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)- CG#3's APS/CAN expired on 9/6/25 and Ecrim expired on 8/27/25. No current results were present.

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 RN delegations present for oral medications administration for CG#3, CG#4, and CG#5 in Client #2's chart/records.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, CG#4, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 with use of video surveillance in bedroom. No evidence that a written consent was obtained prior to placement.

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Foster Family Home

Records

[11-800-54]


54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

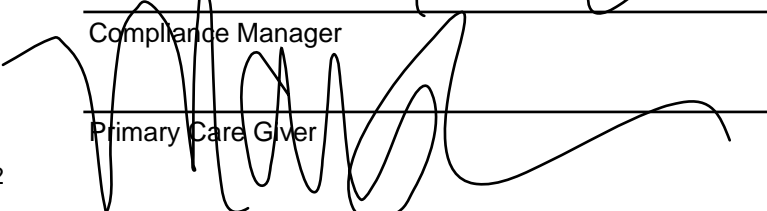
Comment:

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last completed on 3/4/26. No signatures from 3/5/26-3/10/26 (am).


54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was incomplete. No documentations from 3/4/26-3/9/26.



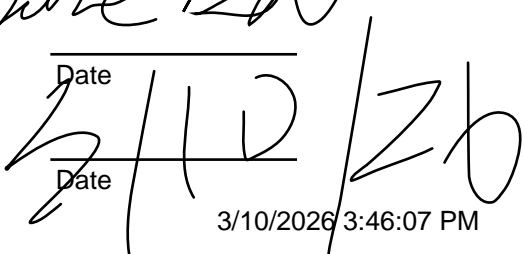
Compliance Manager



Primary Care Giver



Date



Date