Foster Family Home - Deficiency Report

Provider ID: 1-510067

Home Name: Marilyn R. Dela Cruz, CNA
91-1038 Pu'uainako Place
Ewa Beach HI 96706

Review ID: 1-510067-19
Reviewer: Maribel Nakamine
Begin Date: 4/30/2026

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 (issued on 5/1/26).

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) - CCFFH's hallway wall near clients' bedrooms with termites' infestation; wall opened up/exposed. Per CG#1, termites were found on walls extending partly to the wall near the kitchen sink.

Maribel Nakamine RN 5/1/26
Compliance Manager Date

Primary Care Giver 5/1/26 Date

5/1/2026 10:57:31 AM

CTA RN Compliance Manager: MARIBEL NAKAMINE R.N.

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

PCG's Name on CCFFH Certificate: MARILYN R. DELA CRUZ
(PLEASE PRINT)

CCFFH Address: 91-1038 PUNAINAKO PL. EWA BEACH, HAWAII 9670
(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?
49(c)(3)	> Wall was treated for termite and repair	5/01/2026	> PCG will do a monthly inspection of the home. Any repairs or maintenance will be done as soon as possible.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] / PCG Date: 5/01/2026

☑ CTA has reviewed all corrected items

101821 S. Young