

Foster Family Home - Deficiency Report

Provider ID: 1-140058

Home Name: Mildred Dela Cruz, CNA

Review ID: 1-140058-17

2665 Waianuhea Way

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 5/19/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 5/19/2026)

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
-------------------	--------------------------------	------------

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No in-service training hours completed in the past 12 months and 16 hours in-service training hours completed in the past 24 months present in CCFFH records for CG#3.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#2 conducted a fire drill in the past 12 months.



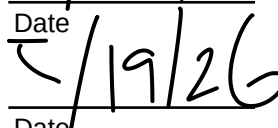
Compliance Manager



Primary Care Giver



Date



Date