Foster Family Home - Deficiency Report

Provider ID:	**1-190070**		
Home Name:	**Ruby Lea Dela Cruz, CNA**	**Review ID:**	**1-190070-16**
94-547 Ana Aina Place		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	6/3/2026

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 for a 3 bed CCFFH re-certification.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 6/3/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2. It was due on/before 5/31/2026.

3 Person Fire Safety, Natural Disaster	**3 Person Fire Safety**	**(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly. CCFFH did not conduct a fire drill for May 2026.

Compliance Manager — Date: 6/3/2026

Primary Care Giver — Date: 6/3/2026

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