

# Foster Family Home - Corrective Action Report

Provider ID: 1-589707

Home Name: Marilyn Castillo, LPN

99-349 Aheahe Street

Aiea HI 96701

Review ID: 1-589707-8

Reviewer: David Ayling

Begin Date: 7/17/2018

End Date: 7/28/18

## Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/17/18. Corrective Action Report issued during home visit with all items due to CTA by 8/17/18.

6.(d)(1) - see applicable sections of the review

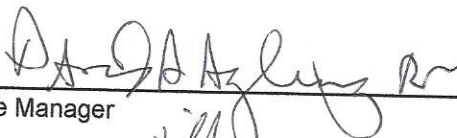
## Foster Family Home Background Checks [17-1454-7.1]

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

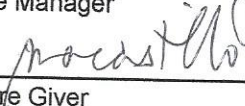
7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) - APS/CAN and criminal history not done until 7/7/17 for HHM #1. Expired on 8/15/16. APS/CAN and criminal history not done until 6/9/17 for HHM #3. Expired on 9/4/16.

  
Compliance Manager

7/17/18  
Date

  
Primary Care Giver

7/17/18  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

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 BY: .....

CCFFH Name: Marilyn A. Castillo  
 CCFFH Address: 99-349 AheAhe St, Aiea Hi 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1,{a} {1},{2}	I showed CTA on the day of my recertification current APS/CAN and eCrim for HHM #1 and HHM #2	7/17/18	I made a a list of the expiration dates for APS/CAN and eCrim for all CG's and HHM's and placed in the front of my CTA binder. I will review the list every month.

Primary Caregiver's Signature: *M. Castillo*

Print Name: MARILYN A. CASTILLO

Date of Signature: 7/28/18