

Foster Family Home - Deficiency Report

Provider ID: 1-210032

Home Name: Nanette Castro, NA

Review ID: 1-210032-3

1685-A Kino Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 2/4/2022

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/4/22.

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

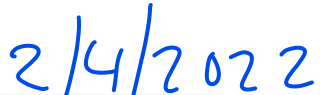
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

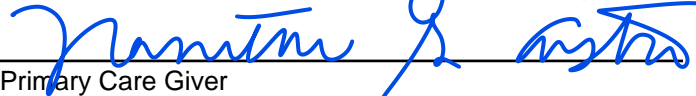
41.(b)(7) - No current TB clearance for CG #1, CG #2, and CG #3. Expired on 12/9/2021.



Compliance Manager



Date



Primary Care Giver



Date