

# Foster Family Home - Deficiency Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-10

94-339 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/17/2022

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

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

Comment:

Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with corrective action plan due to CTA on 6/17/2022. (30 days from the date the CCFFH is given their deficiency report).

## Foster Family Home Background Checks [11-800-8]

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

Comment:

8.a.1 State name checks (Ecrim) were due on/before [REDACTED] for CG# [REDACTED]. No eCrim checks present for CG# [REDACTED].

## 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 proof of current 2021/2022 positive/negative TB skin test for CG# [REDACTED]. Last negative skin test present was [REDACTED].

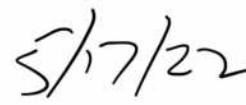
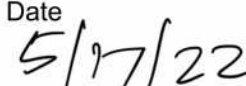
## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a No fire drill conducted by CG#1 or CG#2 for the month of April 2022. Last fire drill conducted was 3/20/2022.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Po Lim


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

PCG's Name on CCFFH Certificate: ANTHONY [REDACTED]  
CASTILLO  
(PLEASE PRINT)

CCFFH Address: 94-339 Waipahu Street, Waipahu, HI 96797  
(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?
8.a.1.	Lapse cannot be corrected.	5/17/22	Home will use a printed spreadsheet that goes in the front of the binder to keep track of the requirements when it's due to prevent from expiring. We have also added a phone reminder to 1 month prior to expiration date so it can be properly renewed before the expiration date.
41.b.7.	TB clearance was obtain for CG [REDACTED]. It was placed into home record.	5/22/22	TB test was not placed in the binder. Home will use a printed spreadsheet that goes in the front binder to keep track of the requirements when its due to prevent from expiring. CG#1 will inform other caregivers 1-month before it is due to ensure it will not lapse. A phone reminder has also been added.
46.(a)	Violation cannot be corrected as it has been lapse.	5/22/22	G#1 will conduct a fire-drill monthly. CG# will keep a monthly calendar reminder so that it can be done regularly. A phone reminder has been added to make sure it is done monthly.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 6-7-2022

CTA has reviewed all corrected items