

Foster Family Home - Deficiency Report

Provider ID: 1-120003

Home Name: Adoracion Castillo, CNA

Review ID: 1-120003-15

94-081 Awamoku Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/22/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/22/22.

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;

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

Comment:

8.(a)(1),(2)- No second set of APS/CAN/Fingerprinting present for CG#3.

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

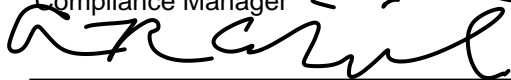
41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e)- CG#3 without an SCG approval to work in a 3-bed CCFFH.



Compliance Manager



Primary Care Giver

Date

8/22/22

Date

8/22/22

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