

Foster Family Home - Deficiency Report

Provider ID: 2-593998

Home Name: Merly Castillo, CNA

Review ID: 2-593998-13

1360 Kaiwiki Road

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 11/17/2022

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

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

Comment:

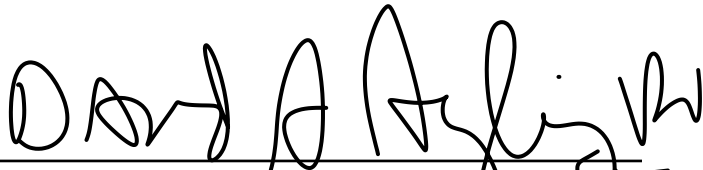
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 12/17/22.


Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) - No locks on client's room doors (My Choice My Way).


Compliance Manager
Date 11/17/2022


Primary Care Giver
Date 11/17/22

CTA RN Compliance Manager: David Ayling RN

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

PCG's Name on CCFFH Certificate: Marily Castillo Adult foster home
(PLEASE PRINT)

CCFFH Address: 1060 Kainiki Rd Hilo HI 96720
(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?
52 (b)(9)	I installed door knobs that allows me to lock it. for each of my clients' room and bathroom.	11/19/22	I will keep lock door knobs on all of my clients room doors and bathroom.

All items that were corrected are attached to this POC

PCG's Signature: Marily Castillo

Date: 12/01/22

CTA has reviewed all corrected items