

Foster Family Home - Deficiency Report

Provider ID: 1-510934

Home Name: Maria Editha R. Castillo, CNA

Review ID: 1-510934-12

94-264 Hanawai Circle

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 12/12/2022

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 annual inspection conducted. Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA 01/12/2023

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

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

Comment:

HHM #2 APS/CAN expired on 06/24/2022 with no current results present.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

CG#1 TB clearance expired on 06/01/2022 with no current results present, CG #3 TB clearance expired 10/15/2022 with no current results present.

HHM #1, HHM#2 and HHM#3 TB clearance expired on 06/01/2022 with no current results present.



Compliance Manager


Primary Care Giver

12/12/22

Date
12/12/22

Date