

Foster Family Home - Deficiency Report

Provider ID: 2-230028

Home Name: Maribeth Castilan, CNA

Review ID: 2-230028-1

15-2046 33rd Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 5/24/2023

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 new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/24/23.

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:

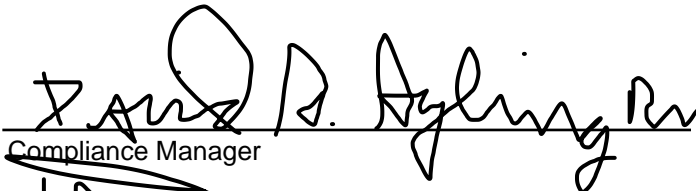
8.(a)(1)(2) - No current APS/CAN and fingerprints for HHM #1, HHM #2, and HHM #3.

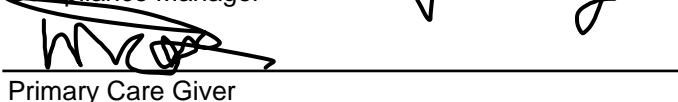
Foster Family Home Personnel and Staffing [11-800-41]


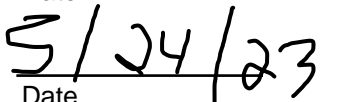
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - No current TB clearance for HHM #1, HHM #2, and HHM #3.


Compliance Manager


Primary Care Giver


Date

Date