

Foster Family Home - Deficiency Report

Provider ID: 2-230028

Home Name: Maribeth Castilan, CNA

Review ID: 2-230028-3

15-2046 33rd Avenue

Reviewer: David Ayling

Keaau

HI 96749

Begin Date: 4/15/2024

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 5/15/24.

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

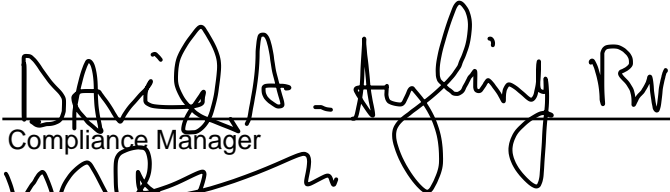
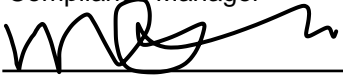
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

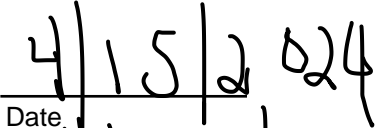
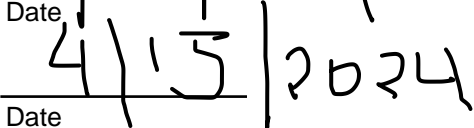
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5) - CG #1 needs correct amount of Bodily Injury coverage (\$100,000) Only has \$50,000.

41.(b)(8) - CG #4 needs current CPR/First Aid certificate. Expired on 6/12/2023.


Compliance Manager

Primary Care Giver


Date

Date