

Foster Family Home - Deficiency Report

Provider ID: 2-593998

Home Name: Merly Castillo, CNA

Review ID: 2-593998-17

1360 Kaiwiki Road

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 10/1/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/1/24.

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:

8.(a)(2) - No current APS/CAN for HHM #1 and HHM #2 present in PCG's cffh binder. Expired on 3/23/2024

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

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

Comment:


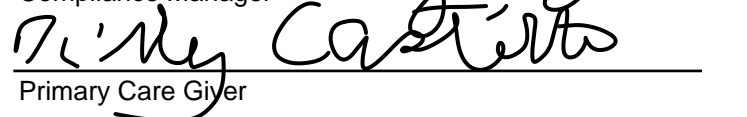
41.(f)(1) - No current TB clearance for HHM #2. Last TB clearance is from 2022.

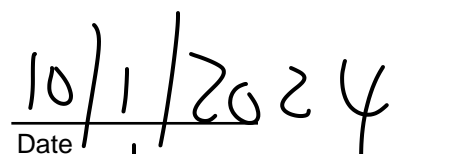

Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

Comment:

54.(c)(1) - No Face Sheet found in chart for Client #1.


Compliance Manager

Primary Care Giver


Date

Date