

Foster Family Home - Deficiency Report

Provider ID: 1-510934

Home Name: Maria Editha R. Castillo, CNA

Review ID: 1-510934-18

94-1047 Eleu Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 10/31/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 10/31/2024)

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

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

Comment:


41.(b)(7)-CG# 1 TB clearance lapsed 12/22/2023 with no current results present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire


(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)-last monthly fire drill conducted 1/2/2023



Compliance Manager



Primary Care Giver

10/31/24

Date

10/31/24

Date

10/31/2024 2:48:12 PM