

Foster Family Home - Deficiency Report

Provider ID: 2-230028

Home Name: Maribeth Castilan, CNA

Review ID: 2-230028-5

15-2046 33rd Avenue

Reviewer: Maribel Nakamine

Keaau HI 96749

Begin Date: 7/7/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/7/25).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#3.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills checks present for CG#6 on Client #1.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#6 for Client #1 and Client #2.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4, CG#5, and CG#6 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(f) Use of physical or chemical restraints shall be:

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (d)(2)- Client #1 and Client #2's Service Plans did not reflect the use of bedrails.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3, CG#4, CG#5, and CG#6 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN 7/7/25

Compliance Manager



Primary Care Giver

Date

7/7/25

Date

CTA RN Compliance Manager: Maribel Nakamine RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Maribeth H. Castilan
(PLEASE PRINT)

CCFFH Address: 15-2046 33rd Avenue Kapa HI 96749
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16(b)(5)	CG #3, CCFFH binder fixed, document missed file	7/2/25	Organizing documents accordingly, use table of contents in reviewing CCFFH binder.
41(g)	CG #6 basic skills completed, reviewed and signed by RN case manager for client #1	7/2/25	PCG will ensure to remind added SCG to complete the basic skills and also remind RN case manager
43(c)(3)	CG #6 delegated by RN case manager for client #1 and client #2	7/2/25	PCG will notify RN case manager in scheduling delegation upon adding SCG, PCG will use calendar reminder, cellphone to ensure not to miss the delegation scheduled by RN case manager.
46(b)(2)	CG #4 is scheduled to conduct fire drill on or before the end of - August 2025	7/2/25	PCG will use marked calendar date to ensure HLM is scheduled for fire drill, monthly and for every other month

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7/2/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel, Nakamine RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Maribeth N. Castilan
(PLEASE PRINT)

CCFFH Address: 15-2046 33rd Avenue Keanu HI 96749
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46(b)(2)	CG#3 is scheduled to conduct fire drill on or before the end of September 2025	7/2/25	PCG will use marked calendar date to ensure HHM is scheduled for fire drill, monthly and for every other month.
46(b)(2)	CG#6 is scheduled to conduct fire drill on or before the end of October 2025	7/2/25	PCG will use marked calendar date to ensure SGA is scheduled for fire drill, monthly and for every other month.
47(d)(2)	RN case manager update service plan and reflect the use of side rails daily for client #1 and client #2	7/2/25	PCG will remind RN case manager one month before service plan expires, review service plan with RN case manager each visit monthly and update RN for any changes and new order.
50(a)	CG#3, CG#4, CG#5, CG#6 discussed, explained and trained completed with the CCFFH Emergency Preparedness Plan	7/2/25	PCG will ensure to trained and explained Emergency Preparedness Plan to every added SGA and HHM upon signing documents or After trained - use reminder notes for uncomplete documents

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7/2/25

☒ CTA has reviewed all corrected items