

Foster Family Home - Deficiency Report

Provider ID: 1-250050

Home Name: Donnalyn B. Castro, RN

Review ID: 1-250050-1

94-584 Apii Place

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 8/5/2025

Foster Family Home

Required Certificate


[11-800-6]

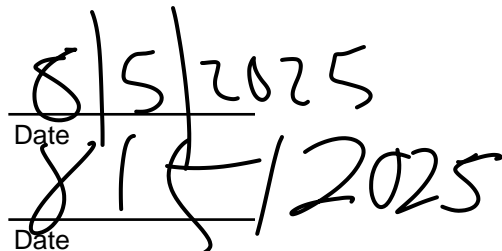

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date

Date