

# Foster Family Home - Deficiency Report

Provider ID: 1-230039

Home Name: Femelyne Castro, CNA

Review ID: 1-230039-7

94-527 Palai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/5/2026

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/5/2026).

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:


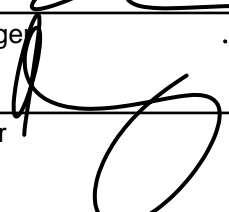
(3P)(a)(1) Env: No evidence present in client #2 and #3's records written agreement/consent of living in shared bedroom client.

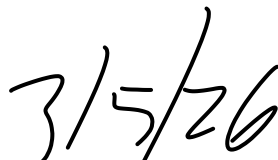
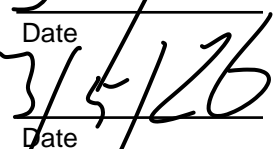
## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Household members personal belongings found in client #2 and #3's bedroom.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date