

Foster Family Home - Deficiency Report

Provider ID: 1-510934

Home Name: Maria Editha R. Castillo, CNA

Review ID: 1-510934-20

94-1047 Eleu Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 12/1/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/1/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#3, on 8/3/2018.

Sex Offender check are not present for CG#1, CG#2, HHM#1, and HHM#2.

8(a)(2) APS/CAN checks were overdue for CG#2, CG#3, HHM#1, and HHM#2.

CG#2 APS/CAN was due on or before 9/20/2025 and was is not present in the CCFFH file.

CG#3 APS/CAN was due on or before 5/22/2025 and was is not present in the CCFFH file.

HHM#1 and HHM#2 APS/CAN was due on or before 10/13/2025 and was is not present in their CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#2, CG#3, HHM#1, and HHM#2.

CG#2 State Name Check (eCrim) was due on or before 9/20/2025 and is not present in the CCFFH file.

CG#3 State Name Check (eCrim) was due on or before 5/22/2025 and is not present in the CCFFH file.

HHM#1 and HHM#2 State Name Check (eCrim) was due on or before 10/13/2025 and is not present in the CCFFH file.

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Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CG#2 and CG#3 CNA License are expired. CG#2 expired on 2/28/2025. CG#3 expired on 4/30/24.

41(a)(2) CNA Prometric registry check are not present for CG#1 and CG#2.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2, CG#3, HHM#1 and HHM #2. CG#2 TB clearance expired, was due on/before 1/11/2024 and was not present in the file. CG#3 TB clearance expired, was due on/before 4/12/2024 and was not present in the file. HHM#1 TB clearance expired, was due on/before 9/26/2024 and was not present in the file. HHM#2 TB clearance expired, was due on/before 9/26/2024 and was not present in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2 and CG#3. CG#2 CPR/1st Aid was due on/before 12/21/2024. CG#3 CPR/1st Aid was due on/before 1/1/2025.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/included each CG at least once per year.

Last fire drill was conducted on 1/2/2023. All CGs did not conduct a fire drill in the past 12 months.

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Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current service plan present for Client#1, Client#2, Client#3.
Client#1 last one in record is dated 4/29/2025.
Client#2 last one in record is dated 2/28/2025.
Client#3 last one in record is dated 4/29/2025.

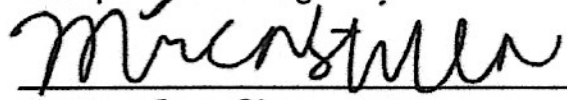
54(c)(5) No MAR present for November 2025 for Client#2.

54(c)(6) No ADL flow sheet present for Client#2 for November 2025.

Client #1, #2, and #3 did not have evidence of RN monthly visit notes for 10/2025.



Compliance Manager



Primary Care Giver

12/1/2025
Date

12/1/2025
Date

CTA RN Compliance Manager: MR. Po Lim

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

PCG's Name on CCFFH Certificate: Maria Editha Castillo, CNA
(PLEASE PRINT)

CCFFH Address: 94-1047 Eleu St, Waipahu, Hi 96797
(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?
8.(a)(1)	Lapsed cannot be corrected. APS,CAN,Fingerprints of CG#3 has been obtained Sex offender for CG#1, HHM#1 & HHM#2 have been obtained and it were placed in the home chart. Sex offender for CG#2 has been removed as my scg dated 12/30/2025 due to non-compliant of documents.	12/30/25	PCG ensures that all caregivers documents are up to date and available on file all the times. I will notify SCG's at least 2 weeks before the expiration due date. I will use the wall calendar to put all due dates on to prevent from expiring them.
8.(a)(2)	Lapsed Cannot be corrected. CG#2 has been removed as SCG due to non-compliant SCG #3 has been scheduled to get APS,CAN,Fingerprints. HHM #! & HHM #2 APS/CAN has been obtained dated 1/8/2026 and it were placed in the home chart.	12/30/25	
8(c)	Lapsed can not be corrected. CG#2 has been removed due to non-compliant. CG#3 ECRIM has been obtained on 5/5/2025. HHM#1 & HHM#2 ECRIM has been obtained dated 12/30/2025 and it was placed in the home chart.	12/30/25	

All items that were corrected are attached to this POC

PCG's Signature: *Maria Editha Castillo*

Date: 2/10/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: MR. Po Lim

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

PCG's Name on CCFFH Certificate: Maria Editha Castillo
(PLEASE PRINT)

CCFFH Address: 94-1047 Eleu St, Waipahu, Hi 96797
(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?
41(a)(2)	CG#2 has been removed as CG due to non-Compliant. CG#3 CNA license has been obtained and it was placed in the home chart. CG#2 has been removed due to non-compliant. CG#1 CNA Prometric registry has been checked/obtained and it was placed in the home chart.	12/30/25	PCG ensures that all caregivers at home have updated documents on file always . I will notify SCG's at least 1 month before the expiration due date. I will use the wall calendar to put all due dates on to prevent from expiring them.
41,(b)(7)	CG#2 has been removed as SCG due to non-compliant of documents. CG#3 TB clearance has been obtained and it was placed in the home chart. HHM#1 & HHM#2 TB Clearance has been obtained and it were place in the home chart.	12/5/25	PCG ensures that all caregivers at home have always up to date documents on file . I will notify SCG's at least 2 weeks before the expiration due date. I will use the wall calendar to put all due dates on to prevent from expiring them.

All items that were corrected are attached to this POC

PCG's Signature: Maria Editha Castillo

Date: 2/10/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: MR. Po Lim

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

PCG's Name on CCFFH Certificate: Maria Editha Castillo, CNA
(PLEASE PRINT)

CCFFH Address: 94-1047 Eleu St. Waipahu, Hi 96797
(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?
41.(b)(8)	Lapsed can not be corrected. CG#2 has been removed as SCG due to non-compliant. SCG#3 CPR/FA has been obtained it was placed in the home chart.	12/20/25	PCG ensures to check all necessary documents are up to date always . I will notify the SCG's at least 2 weeks before the expiration ue date. I will use the wall calendar to put all due dates on to prevent future lapses.
(3P)(b)(1)	Lapsed can not be corrected.12/01/2025 @ 5:30 PM, Myself and HHM1 & HHM#2 were conducted the firedrill and obtained the form and it was placed in the home chart	12/1/25	From now on, PCG must ensures that all caregivers and HHM at home must conduct a firedrill (rotation) in monthly basis for fire safety. I will use a wall calendar to put all due dates on to prevent from expiring them.

All items that were corrected are attached to this POC

PCG's Signature: Maria Editha Castillo

Date: 2/10/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: MR. Po Lim

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

PCG's Name on CCFFH Certificate: Maria Editha Castillo, CNA
(PLEASE PRINT)

CCFFH Address: 94-1047 Eleu St. Waipahu, Hi 96797
(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?
54(c)(2)	Client #1,2 #3 Service Plan has been obtained and it was placed in the home chart.	12/2/25	PCG ensures to have all necessary documents on file always, make a checklist to identify what documents are missing. Pcg may call CM for the copy as soon as possible if un available.
54(c)(5)	Client#2 MAR was unintentionally brought home by CM but it was obtained the next day and it was placed in the home chart.	12/2/25	PCG must ensure that client's MAR are always available on file and record right away if medicine has been given to client. I will make a checklist to identify what documents are missing.
54(c)(6)	Client #2 ADL was unintentionally brought home by CM but it was returned the following day and it was placed in the home chart. Client #1,#2 evidence of RN visits notes has been obtained from CM and it was placed in the home chart.	12/2/25 12/2/25	PCG ensures that client's ADL is always available on file . PCG or other caregivers must record the activities of daily living everyday. PCG ensures that RN visit notes are always on file PCG must create a checklist to identify what documents are missing . Notify the CM if not complied.

All items that were corrected are attached to this POC

PCG's Signature: Maria Editha Castillo

Date: 2/10/26

CTA has reviewed all corrected items