

# Foster Family Home - Deficiency Report

Provider ID: 1-210032

Home Name: Nanette Castro, NA

Review ID: 1-210032-11

1685-A Kino Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 2/19/2026

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/19/26).

6.d.1- Client #1's current 1147 document was lacking the PCP/MD's signature.

## 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

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 9/6/25 and was renewed on 11/12/25; Ecrim lapsed on 9/6/25 and was renewed on 11/18/25. CG#3's APS/CAN and Ecrim lapsed on 9/6/25 and was renewed on 11/21/25.

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

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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7)- CG#4's TB clearance expired on 6/3/25 and no current result was present.

41.(b)(8)- CG#1, CG#3, and CG#4's bloodborne pathogen and infection control training expired on 1/2/26; CG#5's expired on 1/4/25. All were without the current training certificates present.

41.(c)- CG#5 without any hours of the required 8 hours annually for the year 2025.

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

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH's 2nd client bed was not readily available for admission; room was being used as CG#1's storage of personal belongings. There was no evidence that CG#1 was actively searching for a 2nd client.

# Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- CCFFH's last monthly fire drill completed was on 10/10/25; none for the months of 11/2025, 12/2025, and 1/2026. There was not a nighttime fire drill conducted for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client's bathroom sink was clogged/slow draining of used water.

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)- Client #1 with a video surveillance system inside the bedroom. No written consent present from client/POA.

Foster Family Home

Records

[11-800-54]


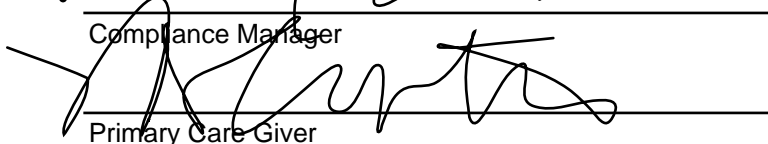
54.(c)(5) Medication schedule checklist;

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)(5)- Client #1's Medication Administration Record (MAR) was last completed/signed on 2/11/26.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed/completed on 2/11/26.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver  
Date 2/19/26  
Date 2/19/26