

Foster Family Home - Deficiency Report

Provider ID: 1-150027

Home Name: Anthony Castillo, CNA

Review ID: 1-150027-18

94-339 Waipahu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/9/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/9/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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)(2) APS/CAN checks were overdue for CG#1, #2, and HHM#2.
CG#1 and CG#2 APS/CAN was due on or before 3/4/2026.
HHM#2 APS/CAN was due on or before 6/23/2024.

8(c) State Name Check (eCrim) was overdue CG#1, #2, and HHM#2.
CG#1 and CG#2 State Name Check (eCrim) was due on or before 3/4/2026.
HHM#2 State Name Check (eCrim) was due on or before 2/5/2025.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2.
CG#2 TB clearance expired, was due on/before 1/10/2025.

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**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.

CCFFH last fire drill was on 2/18/2026.

CG#2 did not conduct a fire drill for the past 12 months.

Foster Family Home

Records

[11-800-54]


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

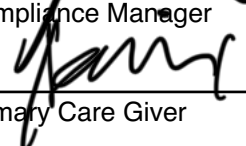
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:


54(c)(5) No MAR present for March and April 2026 for Client#1.

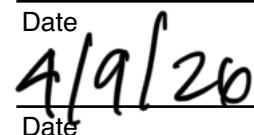
54(c)(6) No ADL flow sheet present for Client#1 for March and April 2026.



Compliance Manager


Primary Care Giver



Date


Date