

Foster Family Home - Deficiency Report

Provider ID: 2-230028

Home Name: Maribeth Castilan, CNA

Review ID: 2-230028-7

15-2046 33rd Avenue

Reviewer: Ryan Nakamura

Keaau

HI 96749

Begin Date: 3/20/2026

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 via email with written plan of correction due to CTA within 10 business days (report issued on 3/20/2026).

6.(d)(1): No evidence present in client #1's records of 1147 assessment completed.

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2): Evidence of lapse 2nd set of APS/CAN/criminal background check for CG#6. APS/CAN clearance was due by 10/10/2024 and completed 12/17/2025 for CG#6.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality training completed for HHM#1.

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

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

Comment:

41.(b)(8): CPR Training was due by 3/5/2026 for CG#6.

No evidence present in CCFFH records of first aid training completed for CG#6.

Evidence of lapse present in CCFFH records of bloodborne pathogen training for CG#5. Bloodborne pathogen training was due by 1/5/2025 and completed 9/24/2025 for CG#5.

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client #3's records of RN delegations given for foley catheter care, subcutaneous medication administration, and blood sugar monitoring for all caregivers.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#6.

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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): No documentation present in client records of written signed consent/acknowledgement for use camera in client's common living and dining area for client #1, #2, and #3.

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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;

Comment:

54.(c)(2): No service plan present in client #1's records.



Compliance Manager



Date

Primary Care Giver

Date