

Foster Family Home - Deficiency Report

Provider ID: 1-240015

Home Name: Marla Castro, NA

Review ID: 1-240015-6

98-259 A Hekaha Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 10/16/2025

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 2 bed re-certification inspection.

Client #2 has an expired Form 1147 on 10/2/2025.

Deficiency Report issued during CCFFH inspection via email on 10/16/2025 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;

Comment:

8.(a)(1) Second Fingerprint/background check is overdue for CG#1, overdue on 01/19/2025. HHM#1 file is not present and fingerprints is not present.

8.(a)(1) Sex Offender check are not present for CG#6 and HHM#1.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4, #5, #6, #7 and HHM#1.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;
- 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.
- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41(a)(2) CG#6 CNA License expired on 12/31/2024. No new in file.

41(a)(2) CNA Prometric registry check are not present for CG#6.

41.b.5.B No alternate transportation plan present in record.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#4, CG#6 and HHM#1.

CG#1 TB clearance expired, was due on/before 10/10/2025, and was not completed.

CG#4 and HHM#1 TB Clearances were not present in the file.

CG#6 TB clearance expired, was due on/before 10/11/2024, and was not completed.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4. It was not present in the file.

Bloodborne Pathogen/Infection control was expired for CG#1 on 2/11/2025.

Bloodborne Pathogen/Infection control was expired for CG#6 on 8/21/2025.

Bloodborne Pathogen/Infection control was not present for CG#4.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#4, CG#6, and CG#7.

CG#1 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

CG#4 requires 8 hours of in-service training, but had only ZERO hours attended in 2024.

CG#6 requires 8 hours of in-service training, but had only 6 hours attended in 2024.

CG#7 requires 8 hours of in-service training, but had only ZERO hours attended in 2024.

41.E. CG#4 SCG approval is not present in the file.

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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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 06/2025. No fire drill documentation present for July 2025 through September 2025.

46.(b)(2)- CG#4 and CG#6 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home

Records

[11-800-54]

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)(6) Client #1 and Client #2 did not have evidence of RN monthly visit notes for 09/2025.

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Prin

Handwritten signatures and initials. One signature is circled. There are several other scribbles and initials.

10/16/2025
10/16/2025

CTA RN Compliance Manager: PO Lim

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

PCG's Name on CCFFH Certificate: Marla Castro

CCFFH Address: 98-059 Helcana St. #A Aiea HI. 96701
 (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?
6(d)(2)	Client #2's 1147 Form was updated and filed.	10/18/25	I will put a note on my binder as a reminder for expiration, missing documents needed for clients and CG's.
8(a)(1)	Finger print for CG #1 was found and filed	10/18/25	I will put a note on my binder as a reminder for missing documents needed for CG.
8(c)(1)	CG #4 and HTHM #1 has been removed.	10/18/25	I will put a note on my binder as a reminder to removed all CG's that no longer working for me.
6(d)(5)	Printed/signed training on: confidentiality policies and procedures and client privacy rights for CG #5, #7	10/18/25	I will put a note on my binder as a reminder for missing documents needed for CG's
	CG #4, #6 and HTHM #1 has been removed.	10/18/25	I will put a note on my binder as a reminder to removed all my CG and HTHM that no longer working and living with me

All items that were corrected are attached to this POC

PCG's Signature: Marla Castro

Date: 3/11/26

CTA has reviewed all corrected items

GTA RN Compliance Manager: PO Kim

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction (POC)
 Chapter 11-809

PCG's Name on CCFFH Certificate: Marla Cohn
 CCFFH Address: CR - 279 Helen St. Helen HI 96701
(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#4 has been removed	10/18/25	I will put a reminder note on my binder for missing Documents I need on my binder and also put a note to removed all my CG's and them that no longer with me.
41(a)(2)	Found my alter native transportation form 10/18/25 and filed.		
41(b)(1)	Obtain a copy of TB test for CG#1, and filed 10/18/25 CG# 4, #6 and #11#1 has been removed.	10/18/25	I will put a reminder note on my binder for missing Documents I need on my binder and also put a note to removed all CG's and them that no longer with me.
41(b)(8)	Obtain a copy of CPR for CG#1 and filed 10/18/25 CG# 4, #6 and #11#1 was removed	10/18/25	I will put a reminder note on my binder for missing Documents I need on my binder and also put a note to removed all CG's and them that no longer with me.

All items that were corrected are attached to this POC
 PCG's Signature: [Signature] Date: 3/11/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: PO Lim

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

PCG's Name on CCFFH Certificate: Marla Castro

CCFFH Address: 98-259 Hekaha (PLEASE PRINT) St. Aiea Hi. 96701
 (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?
4(C)	Obtain and filed cert 1 & #7 Hour of in-service training CG #4 #6, has been removed	10/18/25 10/18/25	I will put a note on my binder as a reminder for expiration, missing documents needed for CG and Client also note to remove all CG & HAM if they no longer working or staying with me.
4(E)	CG #4 has been removed	10/18/25	I will put note to removed CG on my binder when they no longer working
4(d)	Found fire drill for July 2025 through September filed.	10/18/25	Always check and put a note reminder for CG to file the Documents in the binder so it will not be lost.
5(c)(6)	Client #1 and Client #2's RN monthly visit notes for 09/2025 printed and filed.		Always check and put a note reminder file all the monthly note right away when I get them so, I will be filed in the Binder.

All items that were corrected are attached to this POC

PCG's Signature: Marla Castro

Date: 3/11/26

CTA has reviewed all corrected items