

Foster Family Home - Deficiency Report

Provider ID: 2-593998

Home Name: Merly Castillo, CNA

Review ID: 2-593998-19

1360 Kaiwika Road

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 10/20/2025

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 recertification inspection.


Deficiency Report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 10/27/25).

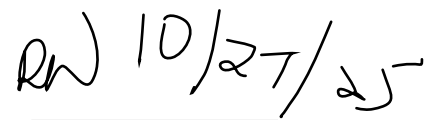
Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3)- During CCFFH inspection, it was observed that Client #3's room was located inside the CCFFH's living room. There was another living room located in the household members area, but CG#1 reported sleeping in that living room. DOH/OHCA determined that the living room is for the use of clients' recreational needs/socialization.


Compliance Manager


Date

Primary Care Giver

Date