

Foster Family Home - Deficiency Report

Provider ID: 2-613811

Home Name: Rachel Castro, CNA

Review ID: 2-613811-18

882 Kupulau Road

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 4/20/2026

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

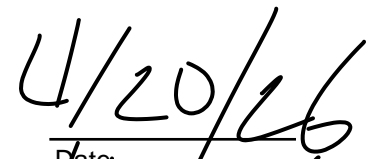
6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date