

# Foster Family Home - Deficiency Report

Provider ID: 1-250050

Home Name: Donnalyn B. Castro, RN

Review ID: 1-250050-4

94-502 Kahualena Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 4/30/2026

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

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

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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

4/30/26  
\_\_\_\_\_  
Date

4/30/26  
\_\_\_\_\_  
Date