

Foster Family Home - Corrective Action Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

91-952 Hanakahi Street

Ewa Beach

HI 96706

Review ID: 1-130062-5

Reviewer: Sue Lo

Begin Date: 11/13/2017

End Date: 11/14/2017

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6(d)(1) Home visit made for a 2 bed recertification requested change to 3 bed.. Corrective action report issued during home visit with corrective action plan due to CTA on 12/13/2017.

Foster Family Home Background Checks [17-1454-7.1]

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

Comment:


7.1.(a)(2) Lapsed on Adult Protective Services/ Child Abuse Neglect (APS/CAN) due on/before 7/15/17 was done 10/1/17 done for CG#2.

Foster Family Home Personnel and Staffing [17-1454-41]

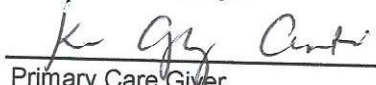
41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7) Lapsed on TB Clearance due on/before 8/17/17 was done 9/7/17 for CG#3.



Compliance Manager



Primary Care Giver

11/13/2017

Date

11/13/17

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: KAREN GAY ANTONIO

CCFFH Address: 91-952 HANAKAHI ST. EWA BEACH, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7-1.9-2 and 41.(6)(7)	Lapse cannot be corrected	11/13/17	PCG understands that background checks and TB clearance are important. From now on, I will use my phone calendar for all requirements set to renew before expiration date.

Primary Caregiver's Signature: Karen Gay Antonio

Print Name: KAREN GAY ANTONIO

Date of Signature: 11/13/17