

Foster Family Home - Deficiency Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

Review ID: 1-130062-13

91-952 Hanakahi Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 10/3/2022

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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/3/2022. (30 days from the date the CCFFH is given their deficiency report).

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;

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

Comment:

8.a.1 and 8.a.2 CG#2, HHM#2, and HHM#3 does not meet the 2 set of APS, CAN, Fingerprints within the 12 months requirements. HHM#1 lapsed in APS/CAN, expired on 4/15/2020 and renewed on 8/29/2022.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants

Comment:

3P.b.1 / 3P.b.5. Last drill was conducted on 7/8/2022. Missing August and September 2022 drills.

Compliance Manager

Primary Care Giver

Date

Date