

# Foster Family Home - Deficiency Report

Provider ID: 1-210055

Home Name: Jamaica C. Antolin, CNA

Review ID: 1-210055-5

91-940 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 4/3/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection

Foster Family Home	Application	[11-800-7]
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7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

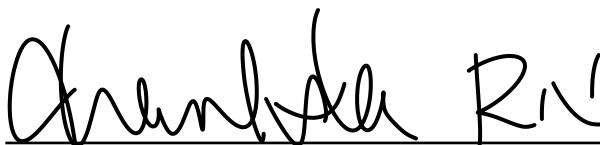
7.(b)(1)(C) CG 2 has a red light determination from 9/2022 without exemption

Foster Family Home	Personnel and Staffing	[11-800-41]
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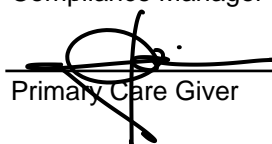
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) HHM 4 and 5 (2 minor children) do not have TB clearance or exemption



Compliance Manager



Primary Care Giver

4/3/23

Date

4/3/23

Date