

Foster Family Home - Deficiency Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

Review ID: 1-130062-15

91-952 Hanakahi Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 10/10/2023

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 visit made for a 3 bed re-certification inspection.

Client #1 is missing form 1147.

Deficiency Report issued during CCFFH inspection via email on 10/10/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG# 1. State Name Check (eCrim) was due on or before 2/12/2023 and was completed on 3/27/2023.

State Name Check (eCrim) was lapsed for CG# 2. State Name Check (eCrim) was due on or before 8/7/2023 and was completed on 9/8/2023.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.b.4. CG#1 disclosure form is not up to date.

41.b.7. CG#3 TB form was not signed by a Provider (MD, DO, ARNP, PA).

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Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1 for CG#3.

RN Delegation was provided to a non-authorized CG for Client #3.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2023.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54(c)(2). Client #1 is missing service plan details. Only signature page present in record.
No current service plan present for Client#2. Last one in record is dated 3/31/2022. Missing 9/2022 and 3/2023.
No current service plan present for Client#3. Last one in record is dated 2/7/2023. Missing 8/2023.

54(c)(5) Partial MAR entries present for July 2023. Missing documentation from July 28 through July 31, 2023.

Compliance Manager

Primary Care Giver

Date

Date