

Foster Family Home - Deficiency Report

Provider ID: 1-580234

Home Name: Leonora Antonio, CNA

Review ID: 1-580234-14

94-1075 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/2/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 10/2/23).

6.d.1- No completed 1147 present in Client #1's chart/records.

Foster Family Home 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's Service Plan dated 5/9/23 was lacking the client's/POA's signature.

54.(c)(5)- one scheduled medication was not written in Client #1's Medication Administration Record (MAR).



Compliance Manager Date 10/2/23


Primary Care Giver Date 10/2/23