

Foster Family Home - Deficiency Report

Provider ID: 1-210055

Home Name: Jamaica C. Antolin, CNA

Review ID: 1-210055-7

91-940 Pailani Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/9/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/9/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

Comment:


8.(a)(1) Second Fingerprint check is overdue for CG#4 was due on/before 4/23/2024, HHM#2 was due on/before 2/9/2023. HHM#3 was due on/before 3/1/2023.

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


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

Comment:


41.(b)(7) CCFFH did not have evidence of current TB clearance signed by a provider (MD, DO, APRN, PA) for CG# 4.



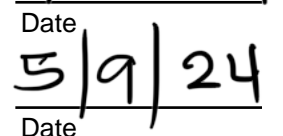
Compliance Manager



Primary Care Giver



Date



Date