

Foster Family Home - Deficiency Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

Review ID: 1-130062-17

91-952 Hanakahi Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/11/2024

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 3 bed re-certification inspection.

Client #2 have expired Form 1147, expired on 3/2/2024.

Deficiency Report issued during CCFFH inspection via email on 9/11/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and includes each CG at least once per year.

CG#3 did not complete a fire drill in the past 12 months. Last fire drill was conducted on 4/1/2024.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(6) Client # 1 and Client #2 did not have evidence of RN monthly visit notes for 8/2024. Additionally, client #2 is also missing June 2024 RN visit notes.

Compliance Manager

Primary Care Giver

Date

Date