

Foster Family Home - Deficiency Report

Provider ID: 1-130062

Home Name: Karen Gay Antonio, CNA

Review ID: 1-130062-19

91-952 Hanakahi Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 10/23/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

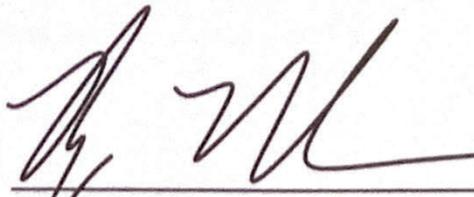
6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/23/2025).

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

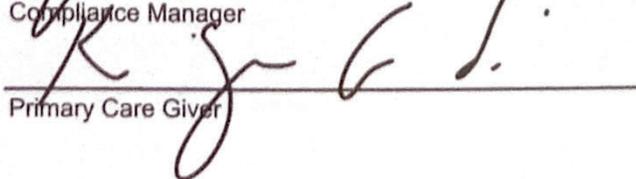
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

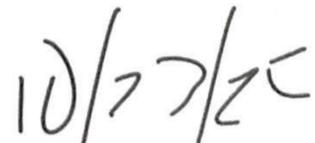
8.(a)(2): Evidence of lapse of APS/CAN for HHM#2 and HHM#3. APS/CAN clearance was due by 10/19/2024 and completed 8/6/2025.



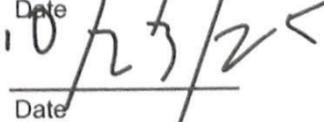
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: RYAN NAKAMURA

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: KAREN GAY ANTONIO
(PLEASE PRINT)

CCFFH Address: 91-952 Hanakahi Street, Ewa Beach, Hawaii 96706
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.(a)(2)	Lapse cannot be corrected.		Home will use home calendar as a reminder to identify when requirements are about to expire to prevent lapses in the future.

All items that were corrected are attached to this POC

PCG's Signature: Karen Gay Antonio

Date: 10/28/25

CTA has reviewed all corrected items