

# Foster Family Home - Deficiency Report

Provider ID: 1-580234

Home Name: Leonora Antonio, NA

Review ID: 1-580234-18

94-1075 Puloku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/18/2025

## 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 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 11/18/25).

## 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)- CG#2's APS/CAN lapsed on 1/9/25 and no current result was present.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41.(a)(3)- CG#1 without a completed Job Experience form nor past employer verifications present.

41.(b)(7)- CG#3's TB clearance lapsed on 8/23/25 and no current document was present.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drills present for the months of July 2025 and August 2025. CG#3 without evidence of conducting a monthly fire drill for the past 12 months. Last fire drill conducted on was 4/6/24.

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- Client #1 without a Personal Expense account completed as CG#1 was the rep payee.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

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;

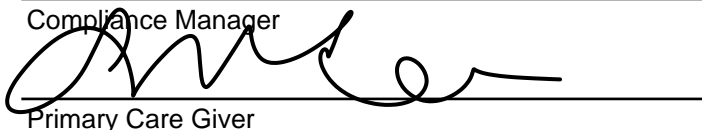
Comment:

54.(c)(5)- Client #2 without a November 2025 Medication Administration Record (MAR). Client's MAR was last signed 10/17/25. No signatures present from 10/18/25- 10/31/25. One daily scheduled medication (Brillanta) was not available during CCFFH survey.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed/completed on 10/20/25.



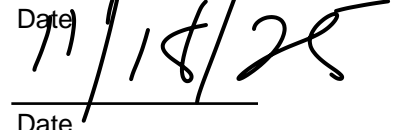
Compliance Manager



Primary Care Giver



Date



Date