

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-140046

**Home Name:** Orlina Barrientos, CNA

**Review ID:** 1-140046-3

1765 Kalaepaa Drive

**Reviewer:** Sue Lo

Honolulu HI 96819

**Begin Date:** 5/1/2017

**End Date:** 5/10/2017

**Foster Family Home      Required Certificate      [17-1454-6]**

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

Comment:

6 (d)(1) Home visit made on 5/1/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/1/2017.

6 (d)(1) see applicable sections of this review.

**Foster Family Home      Personnel and Staffing      [17-1454-41]**

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) Current TB clearance not present in the home for CG#1.  
Lapsed on TB clearance due on/before 7/19/2016 - was done on 10/13/16 for CG#2

41.(b)(8) Lapsed on Blood Borne Pathogen (BBP) due on/before 2/5/15 - was done on 12/10/2016 for CG#3

41.(f)(1) Current TB Clearance not present in the home for HHM#2.

**Foster Family Home      Fire Safety      [17-1454-45]**

45.(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.

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

Comment:

45.(a) Documentation for unannounced fire drill for evening and nights not present in the home.

45.(b)(2) Documentation to conduct fire drill for CG#2 and CG#3 not present in the home.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[17-1454-52]

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

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Comment:

52.(c)(5) Medication Administration Record (MAR), Physician's orders (MD orders), and Pharmacy (Rx) label do not match for client #1's two medications.

\_\_\_\_\_  
Compliance Manager

*Olivia P. Barrientos*

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*5/1/2017*

\_\_\_\_\_  
Date

# Written Plan of Correction

FAX DATE: 5-8-17

41(b)(7) CG#1 Completed +b Clearance  
On: 5-3-17.

CG#2 will not lapse +b Clearance in the future again. To prevent this from happening again, I will use the Cellphone Calendar to remind me to renew before expiration date.

41(b)(8) CG#3 will not lapse "BBP" in the future again. Because I use the Cellphone Calendar to remind me to renew before expiration date.

41(f)(1) HHM#2 Completed +b Clearance  
On: 5-3-17. This will not happen again because I use my Cellphone Calendar to remind me +b Clearance every year for HHM#2

## Written Plan of Correction

Fax date 5/9/17

45(a)

45(b)(2)

CG# 2 Conducted Unannounced  
fire drill in the evening at 3:30 PM  
on May 6, 2017. CG# 3 will  
conduct in June Unannounced  
fire drill at night.

Orlina Barrientos  
Orlina Barrientos  
CCFFH

1765 Kalaepaa Drive  
Honolulu Hawaii 96819

written Plan of Correction

Fax date: 5/9/17

52(c)(5)

The MAR, MD orders and  
RX Label are all matches  
for client #1. The 2 medication  
was done on May 2, 2017. To  
Prevent this from happening  
again. The home will coordinate  
the doctor, Pharmacy and the  
Case Manager RN. Make  
sure there is no discrepancy  
in the future.

Orlina Barrientos  
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CCFFH  
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Honolulu, Hawaii 96819