

# Foster Family Home - Deficiency Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-9

1765 Kalaepaa Drive

Reviewer: Julie Hastings

Honolulu

HI 96819

Begin Date: 9/28/2021

## 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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 10/28/2021.

## 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)  
CG#1 only one set of Fingerprints 5/21/14  
CG#2 only one set of Fingerprints 10/17/16  
CG#3 only one set of Fingerprints 12/21/17  
CG#3 E-Crim dated 1/2/2020 appears to have an altered date

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

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7)  
CG#3 last TB 6/19/2020

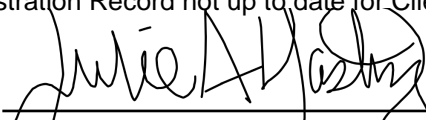
41.(e)  
CG#2 is a NA2 and has no 3 client approval  
CG#3 has no approval form for 3 client CG  
CG#4 is a NA2 and has no 3 client approval  
CG#5 No Approval in Binder for 3 client


## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)  
Medication Administration Record not up to date for Client #1, #2, or #3.

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

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

9/28/2021

\_\_\_\_\_  
Date

9/28/2021

\_\_\_\_\_  
Date