

Foster Family Home - Deficiency Report

Provider ID: 1-586711

Home Name: Asuncion Orpiano, CNA

Review ID: 1-586711-13

308 Kilani Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 11/16/2021

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/16/2021.

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;

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

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 11/6/2021; CG#2's APS/CAN lapsed on 9/27/2021; and CG#3's APS/CAN lapsed on 11/6/2021 and Ecrim lapsed on 10/7/2021. All without current renewals present in the CCFFH binder.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- No annual in service hours present for CG#2 on the required 12 hours for the year 2021.

Maribel Nakamine, RN 11/16/2021
Compliance Manager Date
Asuncion Orpiano 11/16/2021
Primary Care Giver Date