

Foster Family Home - Deficiency Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-15

1765 Kalaepaa Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/3/2024

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/3/24).

6.d.1- Client #1 without an 1147 present and Client #3's 1147 document lapsed on 11/17/23 and no current 1147 present in client's chart.

Foster Family Home	Background Checks	[11-800-8]
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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)- CG#1, CG#3, CG#4, CG#5, HHM#2, HHM4, and HHM#5 were without any results of the sex offender search documents.

8.(a)(2)- HHM#2's APS/CAN lapsed on 9/8/23; HHM#4's lapsed on 8/18/24. Both were without current APS/CAN results.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#5's TB clearance lapsed on 12/27/23 and HHM#2's TB clearance lapsed on 8/17/24; both were without current clearance results present.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- No completed Sign In/Out sheets present for the past 24 months.

Foster Family Home - Deficiency Report

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(1) Fire- CCFFH's last monthly fire drill was on 9/2023.

(3P) (b)(6) Fire- CG#3, CG#4, and CG#5 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(b)- Client #1's progress notes without the writers/caregivers' signatures after each dated entry.

54.(c)(2)- Client #2's Service Plan dated 4/12/24 without the POA's signature.

54.(c)(3)- Client #1 without the MD/Primary Care Physician's Admission Order to CCFFH.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- one daily scheduled medication's new dose was not written in the client's Medication Administration Record (MAR).

Client #2- client's MAR for the month of September 2024 without any initials/signatures that the client's scheduled medications were given from 9/1/24- 9/3/24 (am).

Client #3- client's MAR for the month of September 2024 without any initials/signatures that the client's scheduled medications were given from 9/1/24- 9/3/24 (am).

Maibelle Nakamine, RN

Compliance Manager

Arline Barrett

Primary Care Giver

Date

Date

9/3/24
9/3/24