

Foster Family Home - Deficiency Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-17

1765 Kalaepaa Drive

Reviewer: Po Lim

Honolulu

HI 96819

Begin Date: 9/23/2025

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/23/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is overdue for HHM#5 and was due on/before 10/2023.

8.(c) State Name Check (eCrim) was overdue/lapsed for CG# 4. State Name Check (eCrim) was due on or before 2/12/2025 and was completed on 4/23/2025.

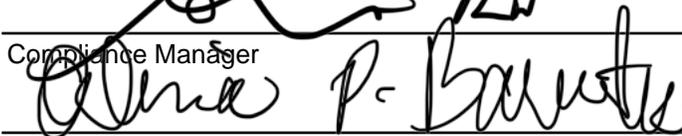
Foster Family Home Personnel and Staffing [11-800-41]

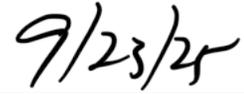
41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and CG#4.


Compliance Manager


Primary Care Giver


Date


Date