

Foster Family Home - Deficiency Report

Provider ID: 1-220068

Home Name: Mary Ellayn Ortal, NA

Review ID: 1-220068-3

91-030 Pohakupuna Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/20/2023

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) CCFFH inspection made for a 2 bed recertification inspection.
Deficiency Report issued during CCFFH inspection due to CTA within 30 days of inspection.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) CG 2 and HHM 1 have no proof of confidentiality training

16.(b)(4) There were video cameras in Client # 2 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without written consent.

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) 2 children under 18 do not have proof of TB clearance

Foster Family Home	Fire Safety	[11-800-46]
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46.(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.

Comment:

46.(a) CCFFH does not have proof of any fire drills

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) A baby gate was present restricting clients from kitchen dining room and common room

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) No evidence of emergency training to CG and HHM

Foster Family Home

Records

[11-800-54]

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

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

54.(c)(8) Personal inventory.


Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


54.(c)(5) Client # 1 and 2 medication administration record has not been signed since 5/30/2023 for any routine medications or PRN medications

54.(c)(5) Unable to complete medication reconciliation for client 1 due to lack of MAR and signed MD orders Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(8) Client # 1 Personal inventory sheet is blank



Compliance Manager



Primary Care Giver

6/20/23

Date

6/20/23

Date