

Foster Family Home - Deficiency Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-14

94-1079 Kaaholo Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/8/2023

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 annual inspection.

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of correction.
(Issued 12/8/2023)

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2)-CG#2, HHM#2 and HHM#3 APS/CAN lapsed on 8/3/2023 with no current no current results present.

Compliance Manager

Primary Care Giver

Date

Date