

# Foster Family Home - Deficiency Report

**Provider ID:** 1-220068

**Home Name:** Mary Ellayn Ortal, CNA

**Review ID:** 1-220068-6

91-147 Fort Weaver Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/3/2024

## 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.

CCFFH is applying for increase, from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 7/3/2024 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;

Comment:

8.(a)(1) Previous Fingerprint for CG#2 was not present in the file. 1/5/2024 copy present but unable to determine continuity from year 2023.

## Foster Family Home Information Confidentiality [11-800-16]

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) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4.

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

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

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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 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.

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Comment:

- 41.a.2. CG#2, CG#3, and CG#4 are not approved to work in a 3 beds setting.
- 41(a)(3) No job experience form present for CG#3 and CG#4.
- 41.b.4 No disclosure form present for CG#3 and CG#4.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#2. CG# 2 TB clearance lapsed, was due on/before 2/13/2024 and was done on 5/8/2024.
- 41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#3. CG#3 CPR/First Aid is missing from the file.
- 41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2. CG# 2 requires 12 hours of in-service training, but had only 10 hours attended in 2023.

**3 Person Staffing**

**3 Person Staffing Requirements**

**(3P) Staff**

- (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.

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Comment:

- (3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#2, CG#3, and CG#4 (NA) worked in a day or week.

# 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)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#2 did not conduct a fire drill in the past 12 months. Figure drills report present is 4/22/2024. CCFFH is missing July-December 2023, and missing from 1/2024 through 3/2024, and 5/2024 through 6/2024.

## Foster Family Home

## Insurance Requirements

## [11-800-51]

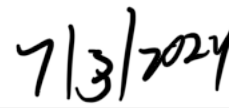
51.(a)(1) General;

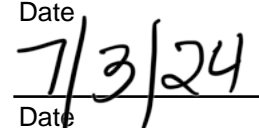
Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#3 is not included on the policy.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date