

# Foster Family Home - Deficiency Report

Provider ID: 1-250042

Home Name: Mary Lieset Ortal, NA

Review ID: 1-250042-1

94-1361 Hiapo Street

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 7/8/2025

| Foster Family Home | Required Certificate | [11-800-6] |
|--------------------|----------------------|------------|
|--------------------|----------------------|------------|

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/8/25.

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

Comment:

8.(a)(1)(2) - No 1st year APS/CAN and Fingerprints for HHM's #1, #2, #3, and #4.

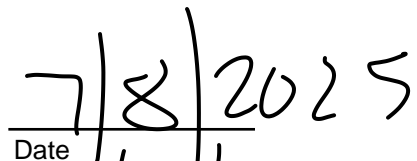
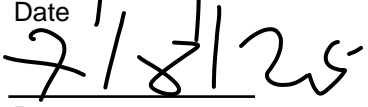
| Foster Family Home | Personnel and Staffing | [11-800-41] |
|--------------------|------------------------|-------------|
|--------------------|------------------------|-------------|

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) - No current TB clearance for HHM's #1, #2, and #3.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager: DAVID AYLING

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MARY LIESET OPTAL

CCFFH Address: 44-1301 HIAPU STREET WAIPAHU #1. 90797  
(PLEASE PRINT)

| Rule Number         | Corrective Action Taken – How was each issue fixed for each violation?                                | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?   |
|---------------------|---|-------------------------------|---|
| 8(a)(1)(2)<br>41(F) | I received current APS/CAN. finger prints and TB from all HHM's. I put the results in my CCFFH binder | 7/26/25                       | I made a list of the expiration dates for APS/CAN finger prints & TB for all CG's and HHM's. I put the list on the front of my CCFFH binder. I will check it every month. |

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/26/25

☒ CTA has reviewed all corrected items