

Foster Family Home - Deficiency Report

Provider ID: 1-220068

Home Name: Mary Ellayn Ortal, CNA

Review ID: 1-220068-8

91-147 Fort Weaver Road

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/29/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued via email on 8/06/2025 with written plan of correction due to CTA within 30 days.

11-800-42. Client eligibility requirements. (a) To be admitted to the community care foster family home, the individual shall: (1) Be certified by a physician as requiring nursing facility level of care. The medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medicaid program.

Comment: No evidence present in client records of current 1147 assessment for client #3.

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

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

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#2 and CG#4. TB clearance was due by 6/08/2025 for CG#2 and 11/18/2024 for CG#4.

Evidence of lapse of TB clearance for CG#1. TB clearance was due by 10/20/2024 and completed 1/14/2025.

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.

Comment:

Pertaining to Hawaii Revised Statute (HRS) 321-483(b)(4)(C)

(3P)(b)(2) Staff: Caregiver sign-in and sign-out sheet is documented showing that CG#3, a NA, worked more than 5 hours a day on multiple occasions in the past 12 months when no other caregiver was present including the PCG. On 8/5/2025, 8/31/2024, 12/1/2024, 4/05/2025, and 4/19/2025, CG#3 worked 6 hours each day. On 10/5/2024, CG#3 worked 7 hours. On 7/06/2024 and 6/21/2025, CG#3 worked 8 hours each day. On 2/15/2025 and 3/1/2025, CG#3 worked 9 hours each day. On 9/11/2024, CG#3 worked 11 hours in a day.

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Foster Family Home

Client Care and Services

[11-800-43]

43.(a) The home shall care for not more than two adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(a)(b): CCFFH was caring for more clients that certified for. There were 4 clients residing in the 3 client bed CCFFH. CCFFH had three Medicaid clients and one private pay client. Client #1 was admitted to the CCFFH on 7/23/25 as a private pay client. Client #2 was admitted to the CCFFH on 12/1/24 and is a Medicaid client. Client #3 was admitted to the CCFFH on 2/26/25 and is a Medicaid client. Client #4 was admitted to the CCFFH on 3/17/23 and is a Medicaid client. See report for CG#1 attempts to prevent CTA from knowing about client #4.

Foster Family Home

Fire Safety

[11-800-46]

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

See next section comment.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

46(b)(1) and (3P)(c) Fire:CCFFH had 4 bedbound clients present during inspection. Only CG#1 and CG#4 were present during the inspection. There were two clients without designated individuals to assist in evacuation at the time of inspection. Only CG#1 and CG#4 reside at the CCFFH. Evidence present in CCFFH records indicate the CCFFH is incapable of evacuating clients in a timely manner. Evidence showed all documented fire drills in the past 12 months took approximately 50-60 minutes to evacuate clients.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #1 and client #3.

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No documentation present in client records of written consent/acknowledgement signed by client/POA for use of cameras/monitors in client bedrooms and common areas for client #3.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

50.(e)(3) Service site visits to interview clients and to observe personnel and sub-contractors providing services; and

Comment:

50.(e)(2)(3): CCFFH had locked a bedroom door during CTA's inspection. CG#1 stated that bedroom was a storage room and that only the landlord had a key. CTA inspected the room from outside through a window and found a client in the bedroom. CG#1 was able to produce the key and unlocked the bedroom door to allow CTA to inspect client #4's bedroom and interview client. CG#1 attempted to interfere in a thorough inspection of the CCFFH premises.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

54.(a)(1): No evidence present on the premises of CCFFH's evacuation map. None found in record or posted within the CCFFH.

54.(c)(2): No documentation present in client records of current service plan for client #1.

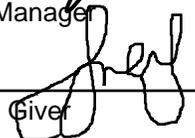
Discrepancy noted in client #3's service plan of client receiving hospice services. Client was discharge from hospice services in 5/2025 per CG#1. Client #3's current service plan was not signed by client/POA.

54.(c)(5): No documentation present in client records of Ramelton 8 mg PO at bedtime listed on client #4's medication administrative record (MAR).

54.(c)(5)(6): No documentation present in client records of medication administration or skilled nursing/ADLs checklist for client #1 since 7/23/2025.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #3.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Mary Ellayn Ortal

(PLEASE PRINT)

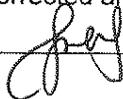
CCFFH Address: 91-147 Fort Weaver Rd. Ewa Beach Hi.96706

(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?
11-800-4 2 (1)	Ask CMA for the copy of the 1147. Print it and place it to the binder.	8/10/25	The case manager will provide a 1147 for each admisiion. The PCG will verify placement in clients binder during monthly audits.
41.(b)(7)	CG#2 TB test done on 1/27/25. CG#4 Tb test done on 8/6/25. Lapse can't fix on CG#1.	8/6/25	Home will use lpad and cell phone for reminder two months before the expiration.
(3P)(b) (2)	Deficiency can't fix.	8/8/25	Home will maintain a staff log that records caregiver start and end times with signature required. The PCG will review hours weekly to ensure NA's do not exceed regulatory limits. If a caregiver approaches the maximum allowed hours thePCG will arrange alternative staffing. The log will be filed monthly and available for review.
43.(a)(b)	Discharge client #1 on August 7, 2025.	8/7/25	PCG will verify discharge paperwork is fully completed and signed before admitting any new client. I will maintain a bed availability log that clearly marks which beds are occupied, reserved for Medicaid, or reserved for private pay. At each admission, I will review the log and ensure all discharges are processed before placement of a new client. I will also review the admission/discharge log during monthly administrative audits to confirm compliance.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

9/10/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Mary Ellayn Ortal

(PLEASE PRINT)

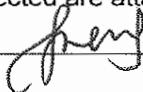
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
46.(b)(1) and (3P)(c)	Deficiency can't fix.	8/8/25	Home will develop a written emergency evacuation plan that assigns at least one per bedbound client during all shifts. Staff assignments will be posted in the staff room and reviewed during monthly safety drills. Each drill will document staff roles, time taken to evacuate, and signatures of participating caregivers. In addition, the CCFFH will not admit or maintain three high-needs/ bedbound clients at the same time, to ensure staffing levels remain appropriate and evacuation can always be conducted safely.
47.(d)(1)	Ask doctor for order for use of the bed side rails for client #1 and client #3.	8/15/25	Bed rails/restains will only be used with a written MD order. The RN Consultant will verify orders, and the PCG will confirm compliance during monthly chart audits.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

9/10/25

CTA has reviewed all corrected items

101821 S. Young

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Mary Ellayn Ortal

(PLEASE PRINT)

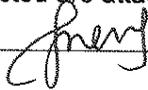
CCFFH Address: 91-147 Fort Weaver Rd. Ewa Beach Hi. 96706

(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?
49.(b)(3)	Made a written consent/acknowledgement signed by POA.	8/10/25	The PCG will obtain written consent from the client/POA before installing any monitoring device. Consent form will be filed in the clients binder and check during quarterly audits.
50.(e)(2)(3)	Deficiency can't fix.	8/6/25	PCG will ensure that CTA inspection are granted immediate and full access to the CCFFH, records, staff, and home environment at all times. I will post a written reminder of inspection requirements in the office area, review inspection protocol monthly at staff meetings, and keep signed acknowledgements from the staff. I will also complete a quarterly self-review to confirm compliance.
54.(a)(1)	Posted evacuation map inside the CCFFH.	8/13/25	The PCG will verify evacuation maps remain posted in all common areas during monthly safety inspections. Verification will be documented in the Safety Audit Log.
54.(c)(2)	Ask CMA for the service plan of client #1 and client #3. Print it and place it in the binder of clients.	8/13/25	The case manager will provide updated service plan at admission and with client changes. The PCG will check each service plan during monthly binder reviews using the service plan update log.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

9/10/25

CTA has reviewed all corrected items