

Foster Family Home - Deficiency Report

Provider ID: 1-250042

Home Name: Mary Lieset Ortal, NA

Review ID: 1-250042-3

94-1361 Hiapo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/4/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/4/2026).

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

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).

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

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#2, CG#3, CG#4, and CG#5.

41.(b)(8): No evidence present in CCFFH records of first aid/CPR and bloodborne pathogen training completed for CG#2, CG#3, CG#4, and CG#5.

Bloodborne pathogen training was due by 12/28/2025 for CG#1 and CG#6.

41.(c): No hours of in-service training completed for CG#1 and 2 hours in-service training completed for CG#6 in 2025 present in CCFFH records.

41.(g): No evidence present in client records of basic caregiver skills were checked for client #1 or client #2 for CG#2, CG#3, CG#4, and CG#5.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in CCFFH records of RN delegations given by client #1 and client #2 for CG#2, CG#3, CG#4, and CG#5. No plan present in records of what will happen if clients need medications if CG#1 and CG#6 are out of CCFFH.

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Medication and Nutrition

[11-800-47]

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

Comment:

47.(d)(1): No evidence present in client #2's records of physician order of use of full side rails.

Foster Family Home

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): Internal emergency management policy has a signature sheet that is not signed by CG#2, CG#3, CG#4, and CG#5.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): CG#2, CG#3, CG#4, and CG#5 not listed in CCFFH's general liability insurance present in CCFFH records.

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Records

[11-800-54]

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

54.(c)(1) Client's vital information;

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): Discrepancy noted in CCFFH's evacuation map compared to current physical layout. Client #1's bedroom is missing in the evacuation map.

54.(c)(1): No face sheet of vital information present in client #1's records.


54.(c)(2): Service plan dated 1/20/2026 present in client #2's records did not address foley catheter care. Client was admitted to CCFFH with foley catheter

54.(c)(5)(6): No daily documentation of medication administration and ADL/skilled nursing checklist present in client records for client #1 and client #2. No documentation medication administration of all medications from 2/11/2026 to 3/4/2026 and ADLs from 2/19/2026 to 3/04/2026 for client #1, No documentation ADL and medication administration from 3/1/2026 to 3/4/2026 for client #2.


54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and client #2.



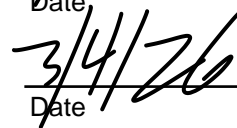
Compliance Manager



Date



Primary Care Giver



Date