

Foster Family Home - Deficiency Report

Provider ID: 1-560434

Home Name: Thelma Ortal, CNA

Review ID: 1-560434-18

94-1079 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 9/11/2025

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 during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection.

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): No evidence present in CCFFH records of current APS/CAN clearance for CG#1, CG#2, and HHM#1. Last APS/CAN clearance present in CCFFH records were dated 5/22/2023 for CG#1 and 8/03/2021 for CG#2 and HHM#1.

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 client records of RN delegations for nasal spray medication administration for client #1 for CG#1 and CG#2.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy noted in client #1's medication administrative record (MAR) and most recent physician order compared supply on hand for Metoprolol. On hand supply was 25mg by mouth daily but MAR stated 200mg by mouth daily. Most recent MD visit note stated to continue 200mg by mouth daily.



Compliance Manager


Primary Care Giver

9/11/25

Date
9/11/25

Date