

Foster Family Home - Deficiency Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-10

386 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 9/29/2021

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 home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 10/29/2021.

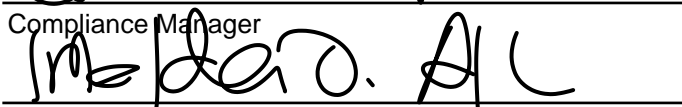
Foster Family Home Background Checks [11-800-8]

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

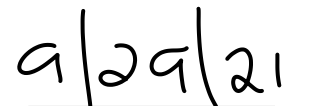
Comment:


8.(a)(2) - CG#1 lapse in APS/CAN. Due 9/23/21 and completed 9/27/21. Current results not available for review at time of inspection.



Compliance Manager


Primary Care Giver



Date


Date

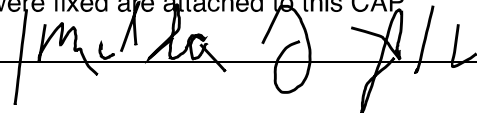
CTA RN Compliance Manager: Terri Van Houten

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Imelda O. Albano
(PLEASE PRINT)

CCFFH Address: 386 Kahiki St., Kahului, HI 96732
(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)(2)	CG#1 obtained copy of APS/ CAN (10/12/21), placed on file	10/12/21	Home understands the background check requirements. Self prioritized renew before due date. Put on my wall calendar as a reminder.

All items that were fixed are attached to this CAP
PCG's Signature:  Date: 10/13/21

CTA has reviewed all corrected items