

Foster Family Home - Deficiency Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-18

386 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/28/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 by 8/28/25.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - The CCFFH did not have evidence of fingerprints for CG#2 in the administrative binder.

8.(a)(1) - The CCFFH did not have evidence of a current APS/CAN for HHM#1 in the administrative binder. Results on file expired on 1/13/25.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

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.

Comment:

41.(a)(2) - The CCFFH did not have evidence of a current RN license for CG #3. License on file expired 6/30/25.

41.(a)(3) - The CCFFH did not have evidence of a current State Issued ID for CG#2.

41.(b)(7) - The CCFFH did not have evidence of a current TB clearance/exemption for CG#2. Results on file expired 9/1/24. The TB clearance for CG#3 had been submitted on the incorrect form and had been signed by an RN. TB clearance must be signed by a MD/PA/APRN.

41.(b)(8) - The CCFFH did not have evidence of current bloodborne pathogen training for CG#3. Certificate on file expired 9/6/24.

41.(c) - The CCFFH did not have evidence that CG#3 had completed 12 hours of inservice training in 2024. Total hours completed: 10.25 hrs.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b), (3P)(b)(1) Fire, (3P)(b)(6) Fire - The CCFFH did not have evidence that a fire drill had been conducted monthly for the last 12 months. No fire drill record was signed as completed in April 2025. The CCFFH did not have evidence that CG#2 and CG#3 had conducted a fire drill in the last 12 months.

Foster Family Home

Records

[11-800-54]

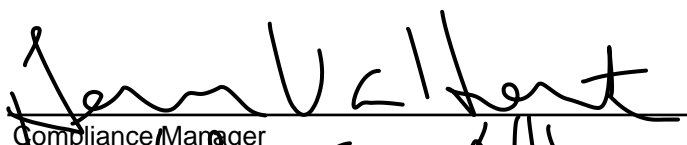
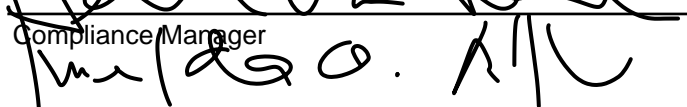
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

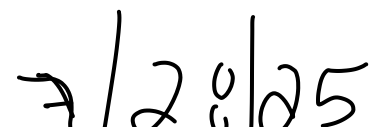

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - February 2025 service plan did not include client goals and was not specific to the care needs of the client. The client was identified as a fall risk, but prevention of falls and safety was not identified as a priority for the client. The client attended adult day care three times a week, and this service had not been included on the service plan. The August 2024 goals/problems had not been transcribed to the current service plan and there was no documentation showing that the prior problems had been resolved.

54.(c)(5) - On July 16, 2025, an order was written for Benzonatate 100 mg by mouth three times a day as needed for cough. The July MAR from the respite CCFFH included the medication and the prescription bottle was present in the client supply. The July MAR that was initiated on 7/22/25 upon return to the primary CCFFH did not include the order for Benzonatate.


Compliance Manager

Primary Care Giver


Date

Date