

# Foster Family Home - Deficiency Report

Provider ID: 1-130053

Home Name: Paulina Alboroto, CNA

Review ID: 1-130053-18

94-552 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/12/2026

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/12/26).

6.d.1- Client #2's 1147 expired on 7/21/25 and no current document was present in client's chart/CCFFH records.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.(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.(a)(2)- No Prometric Registry Checks present for CG#1 and CG#4.

41.(b)(7)- CG#3's TB clearance lapsed on 7/10/24 and was not renewed until 8/25/25. CG#4's TB clearance expired on 4/16/24 and no current result was present.

41.(b)(8)- CG#3's CPR/basic first aid expired on 11/20/25 and no current certificate was present.

41.(b)(8)- CG#1, CG#2, CG#3, and CG#4's bloodborne pathogen and infection control training expired on 1/2/26 and no current certificates were present.

41.(g)- No basic skills checklist present for CG#3 and CG#4 for Client #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 RN delegations on oral, topical, patch medications present for CG#3 and CG#4 for Client #1.

# Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 and CG#4 were without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

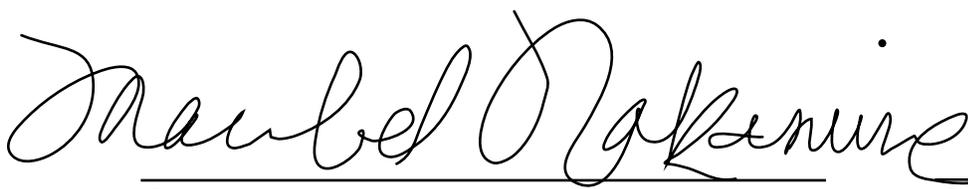
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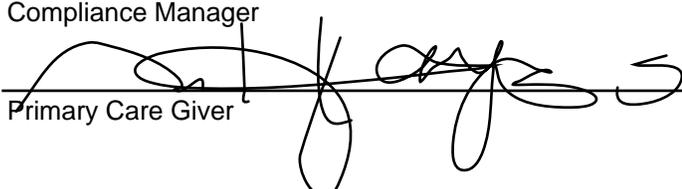
[11-800-54]

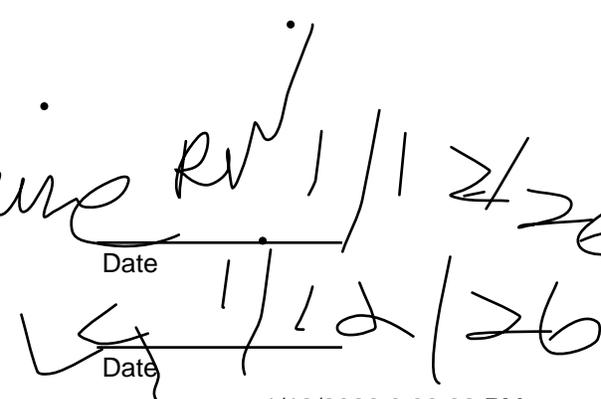
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

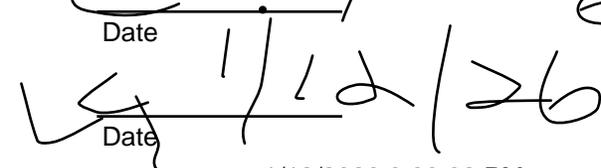
Comment:

54.(c)(2)- Client #2's Service Plan/HAP dated 6/4/25 without the POA's signature.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Paulina P. Alboroto  
(PLEASE PRINT)

CCFFH Address: 94-552 Koaleo Street Waipahu, HI 96797  
(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?
6.d.1.	Client #2 1147 Case Management signed document	1/3/26	Once a month ensure all documents that are filled out properly and are up to date. Put a reminder on iphone calendar every first of the month to check all documents
41 .(a)(2)	All caregivers have a NA or CNA license, and they are up to date	1/2/26	Put a reminder on iphone calendar beginning of Each year ensure that license is up to date.
41 .(b)(7)	Caregiver #3 and #4 have their TB clearance up to date.	1/20/26	Put a reminder on iphone calendar a month prior to TB Clearance expiring to ensure it doesn't lapse.
41.(b)(8)	Caregiver #1, #2, #3, #4 blood borne pathogen and infection control certificates are up to date. All did a training course but didn't receive certification so followed up and received on 1/13/26.	1/17/26	Put a reminder on iphone calendar a month prior to Certificate expiring to ensure it doesn't lapse.

All items that were corrected are attached to this POC

PCG's Signature: *Paulina P. Alboroto*

Date: 2/22/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Paulina Alboroto  
(PLEASE PRINT)

CCFFH Address: 94-652 Koaleo Street Waipahu, HI 96797  
(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?
41.(b)(8)	Caregiver #3 Got certification for CPR that expires on 1/28. Also got certification for First Aid that expires on 1/28 as well	1/20/26	Put a reminder on iphone calendar a month prior to expiring to ensure it doesn't lapse.
41.(g)	Basic Skills Checklist for Client #1 is now present for Caregiver #3, #4	1/18/26	Check binder of paperworks monthly to make sure everything is signed and up to date. Put a reminder on calendar first of the month to check paperworks.
43.(c)(3)	Caregiver #3 and #4 for Client #1, RN delegated was called to sign, placed in CCFFH binder	1/15/26	Check binder of paperworks monthly to make sure everything is signed and up to date. Put a reminder on calendar first of the month to check paperworks.
46.(b)(2)	Made a monthly drill list for all caregivers that shows the date and time for when drill was conducted.	1/16/26	Put a reminder on iphone calendar every first of the month to conduct a monthly fire drill. Each caregiver will conduct at least one fire drill during a one year period.

All items that were corrected are attached to this POC

PCG's Signature: *P Alboroto*

Date: 2/22/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Paulina Alboroto  
(PLEASE PRINT)

CCFFH Address: :94-662 Koaleo Street Waipahu, HI 96797  
(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?
54.(c)(2)	Client #2 Case Management contacted Guardian to sign the Power of Attorney Signature	1/16/26	Check binder of paperworks monthly to make sure everything is signed and up to date. Put a reminder on iphone calendar every first of the month to check all documents.

All items that were corrected are attached to this POC

PCG's Signature: *Paulina Alboroto*

Date: 2/22/2026

CTA has reviewed all corrected items