

# Foster Family Home - Deficiency Report

**Provider ID:** 1-613803

**Home Name:** Genedina Albano, CNA

**Review ID:** 1-613803-20

91-1372 Kamahoi Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 12/18/2025

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/18/2025).

6.(d)(1): No current 1147 assessment present in client records for client #1.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search completed for CG#1, CG#2, and CG#3.

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

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

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)(3): No ID present in CCFFH records for CG#3. CTA unable to verify CG#3's age.

41.(b)(7): Evidence present in client records of lapse of TB clearance that was due by 9/27/2025 and completed 11/10/2025 for CG#1.

41.(b)(8): Bloodborne pathogen training was due by 1/2/2025 for CG#3.

41.(g): No evidence present in client records of basic caregiver skills were checked by client #1 or client #2's case management agency for CG#3.

# Foster Family Home - Deficiency Report

## 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 given by client #1 and client #2's case management agency for CG#3. No RN signature present.

No evidence present in client records of RN delegations given by client #2's case management agency for oxygen, oral suctioning, suppository medication administration for all caregivers.

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of fire drill conducted for month of 11/2025.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

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

Comment:

47.(d)(1): No evidence present in client records of physician order for use of half bed siderail orders for client #1 and full bed siderail orders for client #2.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(1): No non-slip mat/surface available in client's shower area.

49.(a)(2): No grab bars available for client's bathroom.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Personal belongings that do not belong to client #2 was found in client's bedroom. All personal belongings that do not belong to client must be removed.

# Foster Family Home - Deficiency Report

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)(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;

Comment:

54.(c)(2): No service plan present in client #1's records since client's admission to CCFFH.

Signature page of current service plan only present in client #2's records. CTA unable to determine if current services provided are addressed in service plan.

54.(c)(5)(6): Last documented medication administration and ADL/skilled nursing checklist for client #1 dated 12/13/2025. Last documented medication administration and ADL/skilled nursing checklist for client #2 dated 12/01/2025.

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

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/18/25  
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Date  
12/18/25  
\_\_\_\_\_  
Date