

Foster Family Home - Deficiency Report

Provider ID: 1-250004

Home Name: Novelyn Albano, CNA

Review ID: 1-250004-3

94-111 Kauweke Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/21/2025

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 visit made for a 2 bed re-certification inspection.


Deficiency Report issued during CCFFH inspection via email on 11/21/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

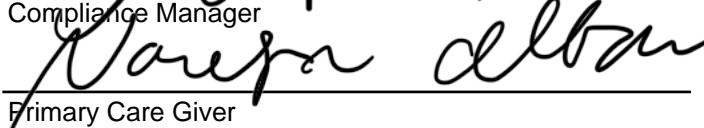
Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

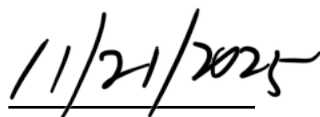
Comment:

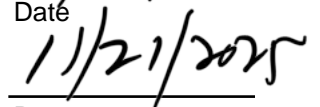
16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4.



Compliance Manager


Primary Care Giver



Date


Date