

Foster Family Home - Deficiency Report

Provider ID: 4-591843

Home Name: Imelda Albano, CNA

Review ID: 4-591843-20

386 Kahiki Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 6/25/2026

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 7/10/26.

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) - Need current Sex Offender checks for CG #1, CG #2, CG #3, and HHM #1.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(2) - Prometric verification check expired on 10/31/2025 for CG #1.
No current Prometric verification check for CG #2.

41.(b)(8) - CPR/First Aid certification expired on 10/4/2025 for CG #1.

Foster Family Home Medication and Nutrition [11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) - CG #2 has not received RN delegations for Client #1, Client #2, and Client #3.

Foster Family Home Records [11-800-54]

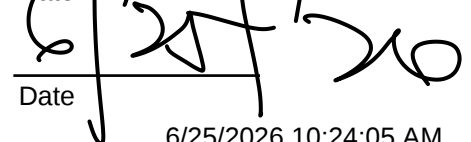
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medications not charted on MAR for Client #1 since 6/22/26.


Compliance Manager

Primary Care Giver


Date

Date
6/25/2026 10:24:05 AM