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

Date 6/25/26

Primary Care Giver

Date 6/25/26

6/25/2026 10:24:05 AM