

Foster Family Home - Deficiency Report

Provider ID: 2-583212

Home Name: Jopher Salom, CNA

Review ID: 2-583212-18

1335 Kaiwika Road

Reviewer: Deborah Baumgart

Hilo HI 96720

Begin Date: 8/27/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/27/2025)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG# 1 Ecrim lapsed 9/1/2023 with no current results in binder.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed 7/16/2025 with no current results in binder. CG#2 TB clearance lapsed 7/25/2023 with no current results in binder.

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Compliance Manager


Primary Care Giver


Date


Date