

# Foster Family Home - Deficiency Report

Provider ID: 1-180053

Home Name: Maria Elaiza F. Salvador, CNA

Review ID: 1-180053-15

91-1122 Hanakahi Street

Reviewer: Po Lim

Ewa Beach

HI

96706

Begin Date: 7/11/2025

## 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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/11/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 1/26/2025 and was completed on 2/22/2025.

## 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;

Comment:

54(c)(2) No current signature for service plan present for Client#2.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: \_\_\_\_\_

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARIA ELAIZA F. SALVADOR CCFFH

(PLEASE PRINT)

CCFFH Address: 91-1122 HANAKAHI ST EWA BEACH, HAWAII 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(c)	Lapse cannot be corrected	07/12/2025	Home will use a sticky note to put all the due dates requirements. Put atleast 2 weeks advance before the due date to prevent future lapses.
54.(c)(2)	Follow up with the CMA, wrote down note on sticky note and put on client #2 binder.	08/04/2025	Caregiver #1 will follow up with the CMA about the important and needed sign documents. Sit down with the Case Manager Nurse every monthly visit to make sure all clients documents is updated and signed.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 08/04/2025

☒ CTA has reviewed all corrected items