

# Foster Family Home - Deficiency Report

Provider ID: 1-250058

Home Name: Julie Ann Salud, CNA

Review ID: 1-250058-1

94-1166 Hina Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 9/5/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/5/25.

**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(5) - CG #1 needs to increase auto insurance coverage. \$100,000 for bodily injury and 30,000 for property damage.  
41.(b)(8) - No current Blood Borne Pathogen certificate for CG #1. Expired on 8/13/2025.

Compliance Manager

Primary Care Giver

Date

Date

9/5/2025  
9-05-2025