

Foster Family Home - Deficiency Report

Provider ID: 1-220083

Home Name: Tiffany Lou Salcedo, CNA

Review ID: 1-220083-7

91-1030 Kaiakua Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 8/14/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/14/2025).

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

41.(b)(5)(C)(iv) Use of an insured vehicle;

Comment:

41.(b)(5)(C)(iv): No evidence present in CCFFH records of alternate drivers proof of car insurance met minimum \$100,000 bodily injury per person. alternate driver #1 (HHM#1) insurance only covered \$50,000 bodily injury damage per person and no documentation of alternate driver #2's (CG#3) car insurance coverage.

3 Person Physical Environment	3 Person Physical Environment	(3P) Env.
-------------------------------	-------------------------------	-----------

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No evidence present in client records of written agreement signed by client's representative to live in shared bedroom for client #1.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Tiffany Lou P Salcedo

(PLEASE PRINT)

CCFFH Address: 91-1030 Kaiakua St Ewa Beach HI 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?
41.(b)(5) (C)(iv)	Alternate Driver #1 - called State Farm Insurance Co to increase the coverage to 100,000/300,000 effective 5/9/25 to 11/9/25. Please refer to COI dated 8/15/2025. Alternate Driver #2 - Provided copy of her HDL and Geico Insurance Policy Coverage.	#1 - (HHM#1) 8/15/25 #2 - (CG#3) 8/15/25	Keep monitoring the binder and log in the calendar for reminder and follow up to make sure I have an updated insurance policy and Driver's Licenses.
(3P)(a) (1)Env	Written agreement has been executed on 8/15/2025 signed by his personal representative (daughter).	Client #1 8/15/2025	Consent letter will be filed in the binder for permanent records. Place a note reminder on the binder to get client or personal representative's signature on form.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 08/19/25

☒ CTA has reviewed all corrected items