

Foster Family Home - Deficiency Report

Provider ID: 4-150062

Home Name: Melanie Salgado, CNA

Review ID: 4-150062-19

343 Kenolio Road

Reviewer: David Ayling

Kihei HI 96753

Begin Date: 2/26/2026

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/12/26.

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) - Sex offender Checks for all CG's and HHM's over 18 y.o. need current address removed from results.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:



41.(a)(2) - CG #1 needs a current Prometric verification check.


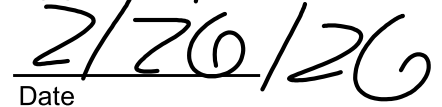
Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) - CG #3 has not received RN delegations for Client #1.


Compliance Manager

Primary Care Giver


Date

Date