

Foster Family Home - Deficiency Report

Provider ID: 4-220094

Home Name: Maricel Salgado, CNA

Review ID: 4-220094-7

124 Ohukai Road

Reviewer: David Ayling

Kihei HI 96753

Begin Date: 10/27/2025

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 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/27/25.

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 need to be revised to show the entire United States for CG #1, CG #2, CG #3, HHM #1 and HHM #2.

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.

Comment:

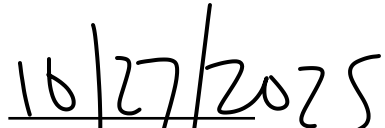
41.(b)(5) - CG #1 needs to increase to auto insurance to \$100,000 for Bodily Injury and \$30,000 for Property Damage.



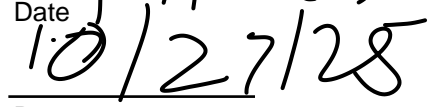
Compliance Manager



Primary Care Giver



Date



Date