Foster Family Home - Deficiency Report

Provider ID:	**1-250058**		
Home Name:	**Julie Ann Salud, CNA**	**Review ID:**	**1-250058-2**
94-1166 Hina Street		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/18/2026

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/18/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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) Second Fingerprint check is overdue for CG#1, CG#2, and HHM#2.

8.(a)(1) Sex Offender check are not present for HHM#2.

Foster Family Home **Information Confidentiality** **[11-800-16]**

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2.

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

41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.4. Disclosure form was not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, HHM# 1, and HHM#2.
CG#1 TB clearance expired, was due on/before 10/12/2025, and was not present in the file.
HHM#1 TB clearance expired, was due on/before 10/21/2025, and was not present in the file.
HHM#2 TB clearance was not present in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid / Bloodborne Pathogen/Infection control training for CG#2.

CG#2 CPR/1st aid expires 5/31/2025.
CG#2 Bloodborne Pathogen/ IC expired on 1/2/2026, no renew in the file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 12 hours of in-service training, but had only ZERO hours attended in 2025.

41.g. No basic skills check present in record for CG#2.

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) No RN delegation present for Client #1 for CG#2.

Foster Family Home	Fire Safety	[11-800-46]

46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - Last fire drill present in record was documented on 2/7/2026. No fire drill documentation present for March 2026 and April 2026.

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Foster Family Home **Records** **[11-800-54]**

54.(c)(5)	Medication schedule checklist;
54.(c)(6)	Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(5) No MAR present for January 2026, and March through May 2026 for Client#2.
Client#1 MAR was not documented daily. Sheet not completed from 5/3/26 to 5/17/26.

54(c)(6) No ADL flow sheet present for Client#1 for April and May 2026.
No ADL flow sheet present for Client#2 for February, April and May 2026.

Client#1 ADL flowsheet was not documented daily. Sheet not completed from 3/23/26 to 3/31/26.
Client#2 ADL flowsheet was not documented daily. Sheet not completed from 3/26/26 to 3/31/26.

Compliance Manager — Date: 5/18/2026

Primary Care Giver — Date: 5-18-26