Foster Family Home - Deficiency Report

Provider ID:	**1-180053**		
Home Name:	**Maria Elaiza F. Salvador, CNA**	**Review ID:**	**1-180053-16**
91-1122 Hanakahi Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 5/18/2026).

6.(d)(1): 1147 assessment present in client records expired on 12/28/2025 for client #2.

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#5.

41.(f)(1): No TB clearance present in CCFFH records for HHM#3 and HHM minor. CCFFH completed TB clearance exemption, but CTA observed HHM member shared same airspace in common living room.

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 evidence present in client #1's records of RN delegation for foley catheter care for all caregivers.

No evidence present in client #3's records of RN delegations for rectal medication administration for all caregivers.

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Foster Family Home	Records	[11-800-54]

54.(c)(2)	Client’s current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;

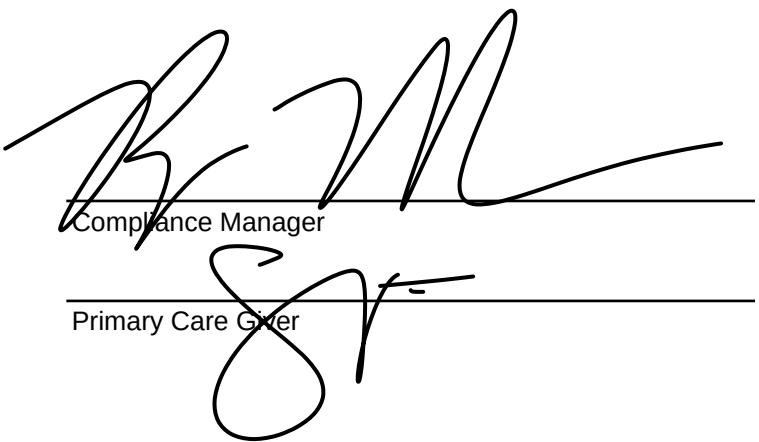
Comment:

54.(c)(2): Client #1' service plan present in client records did not address client's foley catheter care. Client #1 was admitted to CCFFH with foley catheter.

Service plan was due by 4/25/2026 for client #2.

54.(c)(5): Risperidone 1mg/mL 1 mL by mouth every morning and Pravastatin 20mg 1 tablet by mouth daily were not listed in client #2's medication administration record (MAR).

Discrepancy noted in client #3's MAR compared to physician order for Aripiprazole. MAR stated 2mg 1 tablet by mouth but physician order stated 5mg 1 tablet by mouth.



Compliance Manager

5/18/26
Date

Primary Care Giver

5/18/26
Date