Foster Family Home - Deficiency Report

Provider ID:	**1-250076**		
Home Name:	**Princess Jamie Mae Salvador, RN**	**Review ID:**	**1-250076-3**
94-232 Kahualii Street		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	6/18/2026

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 6/18/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#3. First Aid certificate is not present in the file.

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 and Client#2 for CG#3.

Compliance Manager — Date: 6/18/2026

Primary Care Giver — Date: 6/18/2026

6/18/2026 11:02:14 AM