

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:

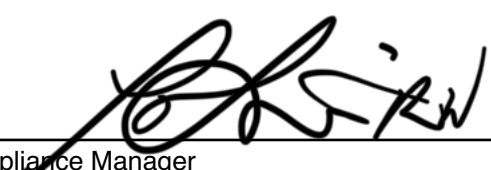
41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#3. First Aid certificate is not present in the file.

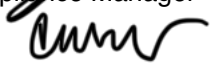
Foster Family Home Client Care and Services [11-800-43]

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.

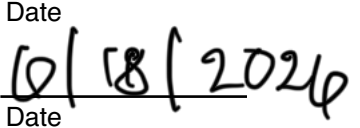
Comment:

43.(c)(3) No RN delegation present for Client#1 and Client#2 for CG#3.


Compliance Manager


Primary Care Giver


Date


Date