

Foster Family Home - Corrective Action Report

Provider ID: 1-634403

Home Name: Magda Galvan, NA

Review ID: 1-634403-8

94-1125 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/20/2021

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

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

Comment:

Recertification inspection for a 2 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 2 bed certification.

Maribel Nakamine, RM 2/20/2021

Compliance Manager

Date

[Signature]

Primary Care Giver

2/20/2021

Date