

Foster Family Home - Deficiency Report

Provider ID: 1-634403

Home Name: Magda Galvan, NA

Review ID: 1-634403-10

94-1125 Kaaholo Street

Reviewer: Deborah Baumgart

Waipahu HI 96797


Begin Date: 5/18/2022


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 annual Inspection conducted. No deficiencies found. CCFFH is in compliance with all requirements.


Compliance Manager Date 5/18/22


Primary Care Giver Date 5/18/22