

Foster Family Home - Deficiency Report

Provider ID: 1-634403

Home Name: Magda Galvan, NA

Review ID: 1-634403-12

94-1125 Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/20/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

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

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

Comment:

41.(f)(1) CG 1 and 2 do not have adequate documentation for TB clearance

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;

Comment:

54.(c)(2) Service plan and MD orders for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for Blood glucose monitoring and weight frequency



Compliance Manager



Primary Care Giver



Date



Date