

# Foster Family Home - Deficiency Report

Provider ID: 1-230059

Home Name: Madelene Galdiano, CNA

Review ID: 1-230059-1

94-346 Kahuahele Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/30/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A Ayling RN

Compliance Manager

Madelene Galdiano

Primary Care Giver

8/30/2023

Date

8/31/2023

Date