

Foster Family Home - Deficiency Report

Provider ID: 1-634403

Home Name: Magda Galvan, NA

Review ID: 1-634403-14

94-1125 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/22/2024

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 visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

Magda Galvan

Primary Care Giver

1/22/24

Date

1/22/24

Date