

Foster Family Home - Deficiency Report

Provider ID: 1-100107

Home Name: Mariefe Galvez, RN

Review ID: 1-100107-16

2361 Ahaiki Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/13/2024

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/13/2024).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

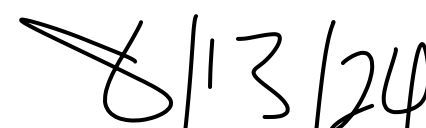
Comment:

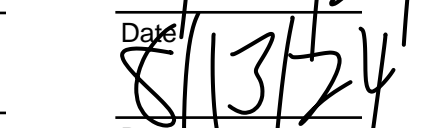
8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1. APS/CAN clearance due by 6/9/2024 and completed 7/18/2024.



Compliance Manager


Primary Care Giver



Date


Date