

Foster Family Home - Deficiency Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

Review ID: 1-513011-15

94-780 Koniaka Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/27/2024

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 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 9/27/2024)

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#5 TB clearance lapsed on 2/19/2024 and was done on 3/1/2024.



Compliance Manager



Primary Care Giver



Date



Date