

Foster Family Home - Deficiency Report

Provider ID: 1-240076

Home Name: Ma Ginaflor Galang, RN

Review ID: 1-240076-1

94-051 Nawaakoa Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 10/25/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/25/24.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints and eCrim for CG#2. Expired on 7/21/2024.

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

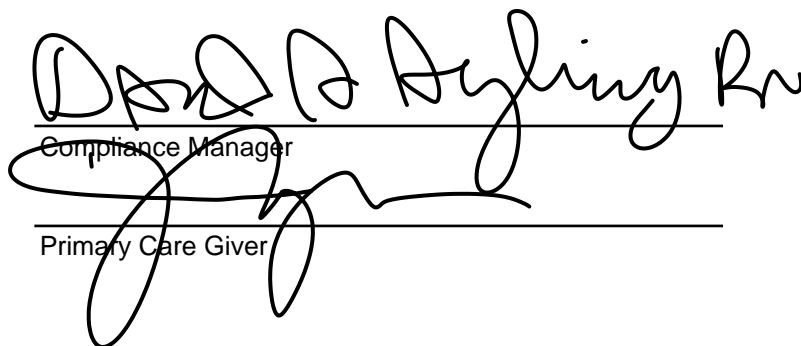
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #4. Expired on 3/3/2024.

41.(b)(8) - No current Blood Borne Pathogen for CG #2 and CG #4. Expired on 1/1/2024.



Compliance Manager

Primary Care Giver

10/25/2025
Date

10-25-2025
Date