

# Foster Family Home - Deficiency Report

Provider ID: 1-634403

Home Name: Magda Galvan, NA

Review ID: 1-634403-18

94-1125 Kaaholo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/13/2026

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 1/13/2026).

6.(d)(1): No 1147 assessment present in client records for client #2.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations for eye drop medication administration given for client #1 for all caregivers.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#5 conducted a fire drill in the past 12 months.



Compliance Manager



Primary Care Giver

1/13/26  
Date

1/13/26  
Date