

Foster Family Home - Deficiency Report

Provider ID: 1-220009

Home Name: Jendy Galicinao, CNA

Review ID: 1-220009-10

94-1038 Hahana Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/20/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/20/25).

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)- CG#2's APS/CAN lapsed on 5/6/25 and was not renewed until 10/27/25; Ecrim lapsed on 1/9/25 and was not renewed until 3/4/25.

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#2's TB Clearance lapsed on 5/2/25 and was not renewed until 8/26/25; CG#3's TB Clearance dated on 4/2/25 was not documented on DOH approved form.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

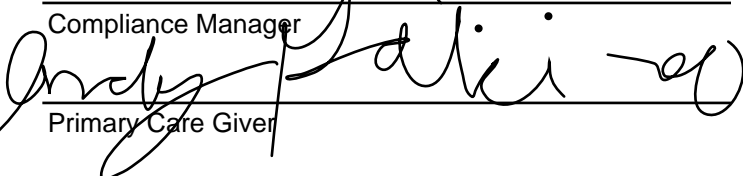
(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

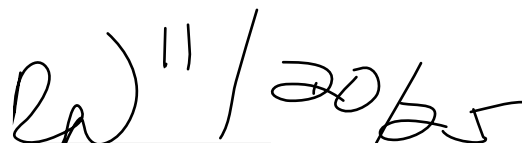
(3P)(b)(2)Fire- CCFFH without a nighttime fire drill for the past 12 months.

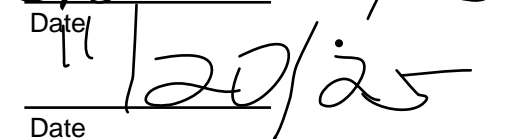


Compliance Manager



Primary Care Giver


Date


Date