

Foster Family Home - Criteria Report

Provider ID: 1-616534

Home Name: Mariedel Ganotisi

Review ID:

94-705 Kalae St.

Reviewer: David Ayling

Waipahu

HI

96797

Begin Date: 11/30/2017

End Date: 11/30/17

Foster Family Home

Required Certificate

[17-1454-6]



6.(b)

Any person, agency, or organization that wants to operate a home as a community care foster family home to provide, for a fee, twenty-four-hour living accommodations, including personal care and homemaker services for adults who have nursing facility level of care needs and are not related to the person providing the care, shall obtain a certificate of approval from the department.

6.(d)

To be certified as a community care foster family home, a person, agency, or organization shall:



6.(d)(1)

Comply with all applicable requirements in this chapter; and




6.(d)(2)

Not have had a previous license or certificate to provide social or health care services that was revoked within twelve months of the current application for a certificate of approval, except that this restriction shall not apply if the revocation was successfully appealed.

Comment: Home visit for 2 person CCFH made on 11/30/17. Home is in compliance with all requirements. Home will receive a 2 year 2 client certification.


Compliance Manager


Primary Care Giver

11/30/17
Date

11/30/17
Date