

Foster Family Home - Deficiency Report

Provider ID: 2-170010

Home Name: Cecilia Gancinia, CNA

Review ID: 2-170010-9

44-252 Hoolauae Street

Reviewer: Terri Van Houten

Honoka'a HI 96727

Begin Date: 7/14/2021

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

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

Comment:

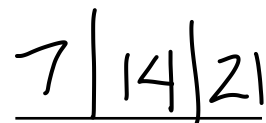
6.(d)(1) – Unannounced home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



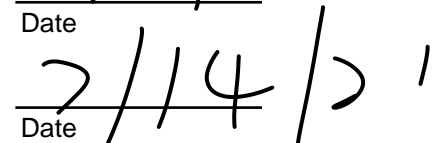
Compliance Manager



Primary Care Giver



Date



Date