

# Foster Family Home - Deficiency Report

Provider ID: 1-588999

Home Name: May Ganton, CNA

Review ID: 1-588999-10

94-638 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/29/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

No deficiencies found.

*Maribel Nakamine, RN*

Compliance Manager

*May Ganton*

Primary Care Giver

*7/29/2021*

Date

*7/29/2021*

Date