

Foster Family Home - Deficiency Report

Provider ID: 1-190065

Home Name: Mildred D. Ganotisi, CNA

Review ID: 1-190065-5

94-1108 Hilihua Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/28/2021

Foster Family Home

Required Certificate


[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver


Date

Date