

# Foster Family Home - Deficiency Report

Provider ID: 1-577695

Home Name: Daisy Ganancial, CNA

Review ID: 1-577695-9

92-366 Waiomea Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 9/16/2021

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

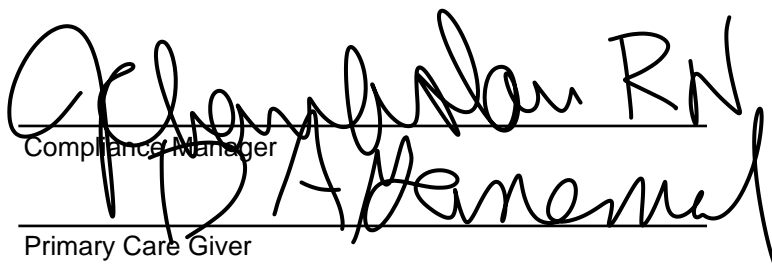
6.(d)(1) Comply with all applicable requirements in this chapter; and

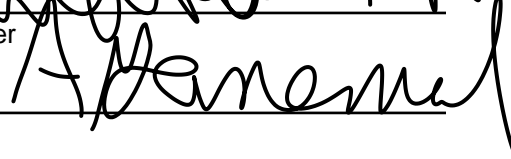
Comment:

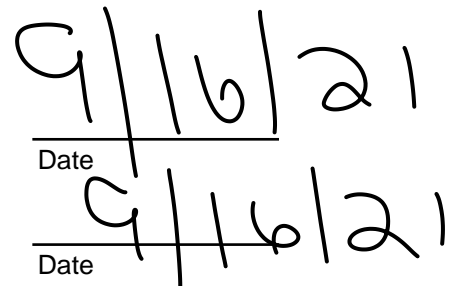
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

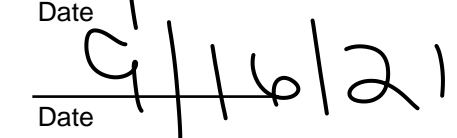
No Deficiency Report issued.

Decrease to 2 client CCFFH on October 16, 2021

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date