

# Foster Family Home - Deficiency Report

Provider ID: 2-170010

Home Name: Cecilia Gancinia, CNA

Review ID: 2-170010-11

44-252 Hoolauae Street

Reviewer: David Ayling

Honoka'a HI 96727

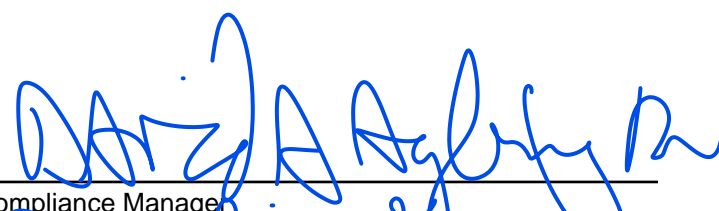
Begin Date: 6/14/2022

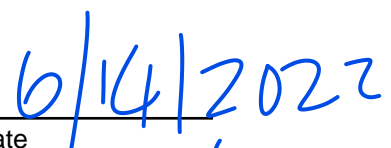
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

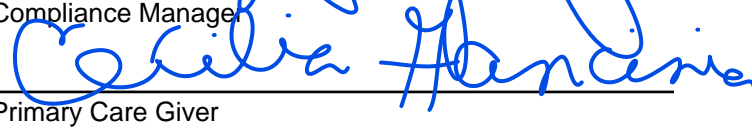
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date