

Foster Family Home - Deficiency Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-11

75-202 Ala Onaona Street

Reviewer: David Ayling

Kailua-Kona HI 96740


Begin Date: 9/8/2022

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

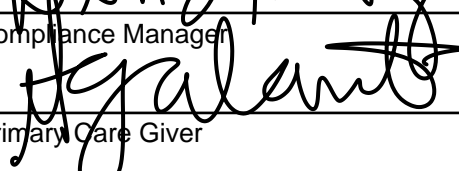
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

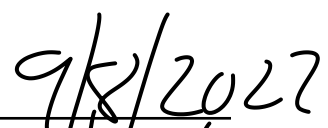
6.(d)(1) - Home inspection for a 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



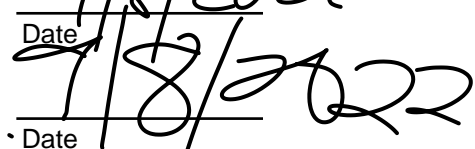
Compliance Manager



Primary Care Giver



Date



Date

9/8/2022 10:40:20 AM