

Foster Family Home - Deficiency Report

Provider ID: 2-100110

Home Name: Josephine Ganancial, CNA

Review ID: 2-100110-14

16-2061 Uilani Drive

Reviewer: David Ayling

Pahoa

HI 96760

Begin Date: 11/15/2022

Foster Family Home


Required Certificate

[11-800-6]

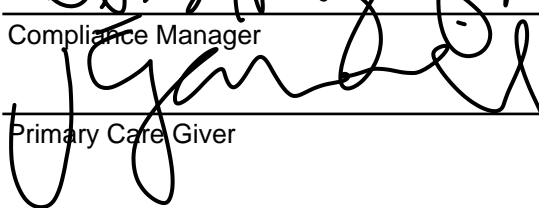
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

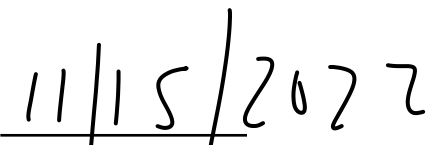
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.




Compliance Manager



Primary Care Giver



Date



Date