

Foster Family Home - Deficiency Report

Provider ID: 5-100038

Home Name: Marysol Ganotisi, CNA

Review ID: 5-100038-16

4272 Kailewa Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 11/28/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, CW 11/28/22
Compliance Manager Date
ABuefi 11/28/22
Primary Care Giver Date