

# Foster Family Home - Deficiency Report

Provider ID: 1-190065

Home Name: Mildred D. Ganotisi, CNA

Review ID: 1-190065-8

94-336 Loaa Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/12/2022

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 or annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manager

Primary Care Giver

Date

Date