

# Foster Family Home - Deficiency Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-13

75-202 Ala Onaona Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 7/18/2023

Foster Family Home

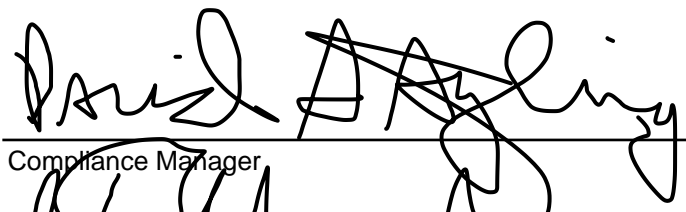
Required Certificate

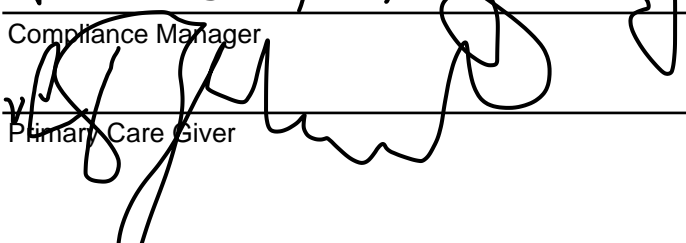
[11-800-6]


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

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

  
Date

  
Date