

# Foster Family Home - Deficiency Report

Provider ID: 1-230058

Home Name: Maxima Ganai, CNA

Review ID: 1-230058-1

98-128 Kaluamoi Place

Reviewer: David Ayling

Pearl City HI 96782

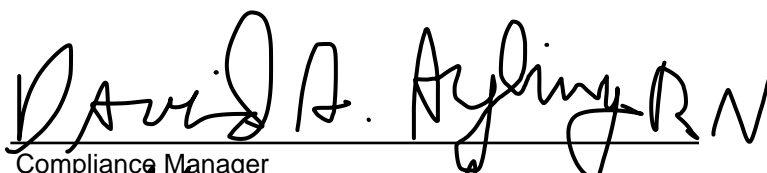
Begin Date: 8/28/2023

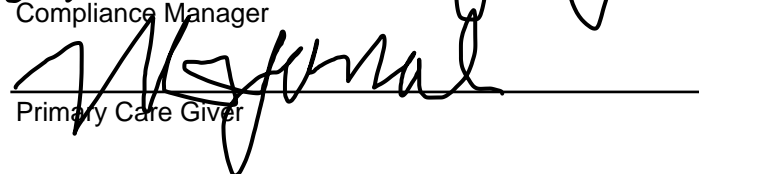
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

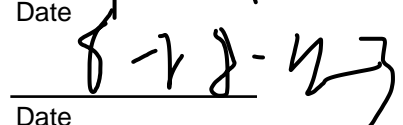
Comment:

6.(d)(1) - Home inspection for a new 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