

Foster Family Home - Deficiency Report

Provider ID: 1-230066

Home Name: Gracelyn Ganir, LPN

Review ID: 1-230066-1

1029 Hulakui Drive

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 9/19/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - 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.

David A. Ayling RN

Compliance Manager

Gracelyn Ganir

Primary Care Giver

9/19/2023

Date

9/19/2023

Date