

Foster Family Home - Deficiency Report

Provider ID: 5-100038

Home Name: Marysol Ganotisi, CNA

Review ID: 5-100038-18

4272 Kailewa Street

Reviewer: Maribel Nakamine

Lihue

HI

96766

Begin Date: 11/27/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, 11/27/23
Compliance Manager Date
11/27/23
Primary Care Giver Date