

Foster Family Home - Deficiency Report

Provider ID: 1-230088

Home Name: Anna May Ganal, NA

Review ID: 1-230088-1

91-1739 Puhiko Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 12/13/2023

Foster Family Home **Required Certificate** **[11-800-6]**

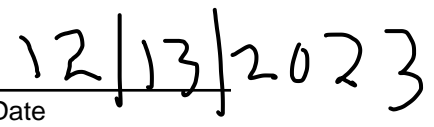
6.(d)(1) Comply with all applicable requirements in this chapter; and

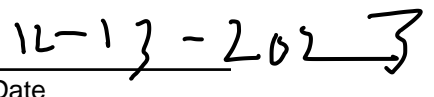
Comment:

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.


Compliance Manager


Primary Care Giver


Date


Date