

# Foster Family Home - Deficiency Report

Provider ID: 2-582769

Home Name: Marisol Galzote, CNA

Review ID: 2-582769-15

1506 Mailani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 4/16/2024

Foster Family Home

Required Certificate

[11-800-6]

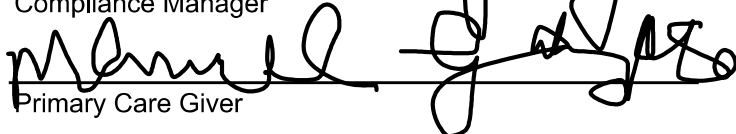
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

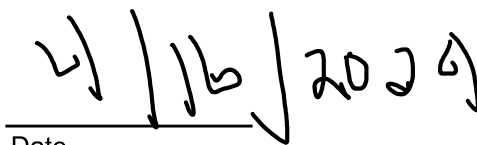
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.




Compliance Manager



Primary Care Giver



Date



Date