

Foster Family Home - Deficiency Report

Provider ID: 1-190065

Home Name: Mildred D. Ganotisi, CNA

Review ID: 1-190065-12

94-336 Loaa Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/15/2024


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


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

Comment:

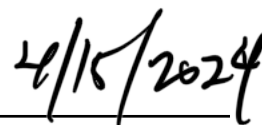
6(d)(1) Unannounced visit made for a 2 bed annual inspection.

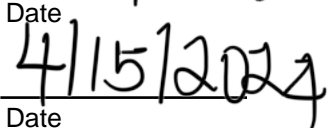
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date