

Foster Family Home - Deficiency Report

Provider ID: 3-190057

Home Name: Rosalinda Ganir, CNA

Review ID: 3-190057-10

74-5044 Hua'ala Street

Reviewer: David Ayling

Kailua-Kona HI 96740

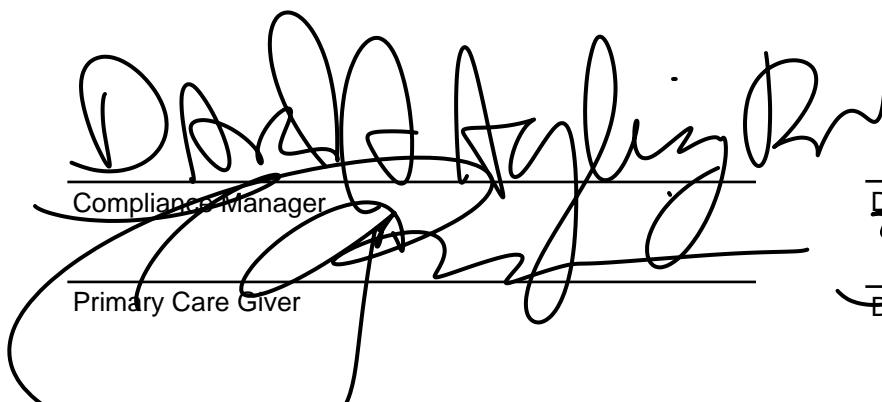
Begin Date: 5/7/2024

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


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

Comment:

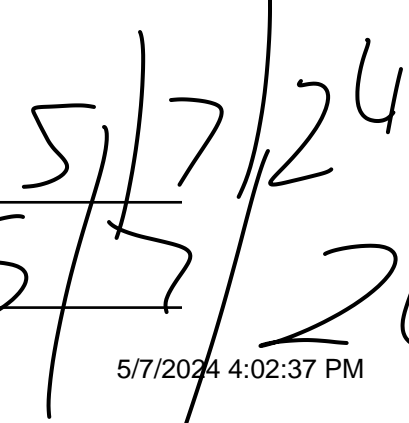
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. Currently has no patients. No deficiencies.



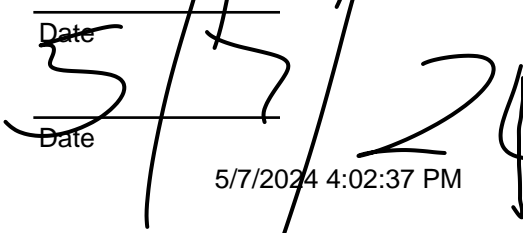
Compliance Manager



Primary Care Giver



Date



Date