

# Foster Family Home - Deficiency Report

Provider ID: 2-130047

Home Name: Elizabeth Galanto, CNA

Review ID: 2-130047-15

75-202 Ala Onaona Street

Reviewer: David Ayling

Kailua-Kona HI 96740


Begin Date: 7/12/2024

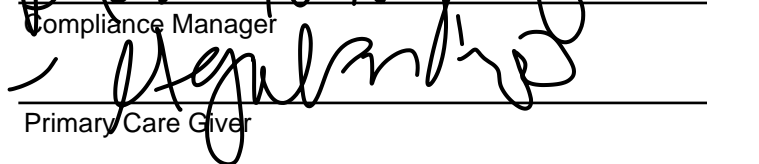
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

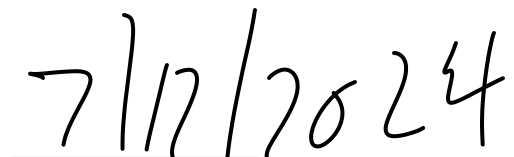
6.(d)(1)      Comply with all applicable requirements in this chapter; and

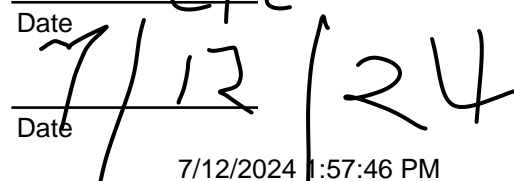
Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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