

Foster Family Home - Deficiency Report

Provider ID: 5-100038

Home Name: Marysol Ganotisi, CNA

Review ID: 5-100038-20

4272 Kailewa Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 10/7/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 10/7/24
Compliance Manager Date

[Signature] 10/7/24
Primary Care Giver Date