

Foster Family Home - Deficiency Report

Provider ID: 2-100110

Home Name: Josephine Ganancial, CNA

Review ID: 2-100110-17

16-2061 Uilani Drive

Reviewer: David Ayling

Pahoa

HI 96778

Begin Date: 11/13/2024

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver

11/13/2024
Date

11/13/2024
Date