

Foster Family Home - Deficiency Report

Provider ID: 1-560377

Home Name: Nicole Ganitano, CNA

Review ID: 1-560377-19

91-1025 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706


Begin Date: 11/19/2024

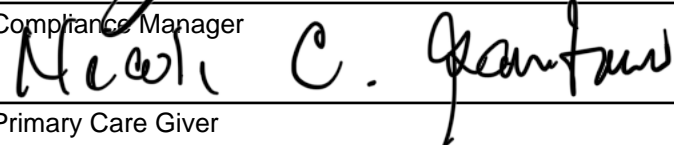
Foster Family Home **Required Certificate** **[11-800-6]**

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

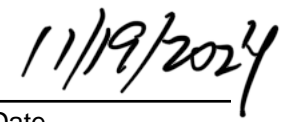
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date

Date