

Foster Family Home - Deficiency Report

Provider ID: 2-170010

Home Name: Cecilia Gancinia, CNA

Review ID: 2-170010-17

44-252 Hoolauae Street

Reviewer: Maribel Nakamine

Honoka'a HI 96727

Begin Date: 7/9/2025

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 7/9/25
Compliance Manager Date
Cecilia Gancinia 7/9/25
Primary Care Giver Date