

Foster Family Home - Deficiency Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

Review ID: 1-585581-19

86-182 Moelua Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 2/4/2026

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

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

Comment:

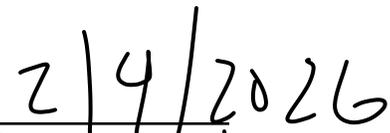
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



Compliance Manager



Primary Care Giver



Date



Date