

# Foster Family Home - Deficiency Report

Provider ID: 1-560377

Home Name: Nicole Ganitano, CNA

Review ID: 1-560377-21

91-1025 Hanakahi Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 12/15/2025

## 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 annual inspection.

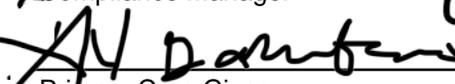
Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/15/2025)

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-CG#4 APS/CAN lapsed 5/23/2025 and was done 11/11/2025.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Deborah Baumgart

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Nicole Ganitano, CNA

(PLEASE PRINT)

CCFFH Address: 91-1025 Hanakahi Street Ewa Beach, HI. 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(2)	Correction action taken and lapsed cannot be corrected.	12/16/25	Primary Caregiver flagged and dated caregivers APS/CAN expiration date in binder to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: Nicole C. Ganitano

Date: 12-26-2025

CTA has reviewed all corrected items