

Foster Family Home - Deficiency Report

Provider ID: 5-100038

Home Name: Marysol Ganotisi, CNA

Review ID: 5-100038-22

4272 Kailewa Street

Reviewer: Deborah Baumgart

Lihue HI 96766

Begin Date: 11/20/2025

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.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver

11/20/25

Date
11/20/25

Date