

Foster Family Home - Deficiency Report

Provider ID: 3-190057

Home Name: Rosalinda Ganir, CNA

Review ID: 3-190057-15

74-5044 Hua'ala Street

Reviewer: Ryan Nakamura

Kailua-Kona HI 96740

Begin Date: 3/27/2026

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

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

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date