Foster Family Home - Deficiency Report

Provider ID:	**2-100110**		
Home Name:	**Josephine Ganancial, CNA**	**Review ID:**	**2-100110-21**
16-2061 Uilani Drive		Reviewer:	Po Lim
Pahoa HI 96778		Begin Date:	6/19/2026

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 inspection for a 1 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Date 6/19/2026

Primary Care Giver

Date 6/19/26

6/19/2026 2:32:03 PM