

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]

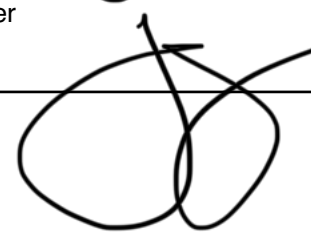
6.(d)(1) Comply with all applicable requirements in this chapter; and

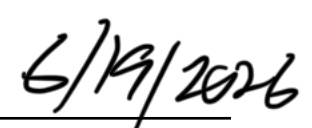
Comment:

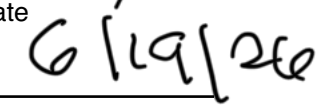
6(d)(1) Unannounced inspection for a 1 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date


Date