

# Foster Family Home - Deficiency Report

Provider ID: 1-510405

Home Name: Lolita Schimmel, CNA

Review ID: 1-510405-10

4496 Luapele Place

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 6/17/2022

Foster Family Home

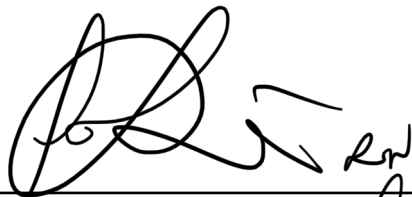
Required Certificate

[11-800-6]

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

Comment:

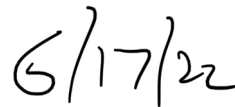
6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



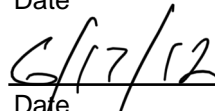
Compliance Manager



Primary Care Giver



Date



Date