

# Foster Family Home - Deficiency Report

Provider ID: 1-130037

Home Name: Vilma Penuliar, CNA

Review ID: 1-130037-12

644 Olive Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 11/23/2022

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 conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

*Maribel Nakamine, RC* 11/23/22  
Compliance Manager  
*Vilma Penuliar*  
Primary Care Giver  
Date 11/23/22