

# Foster Family Home - Deficiency Report

Provider ID: 1-513186

Home Name: Luzviminda Padilla, CNA

Review ID: 1-513186-13

92-745 Paala Loop

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 4/5/2023

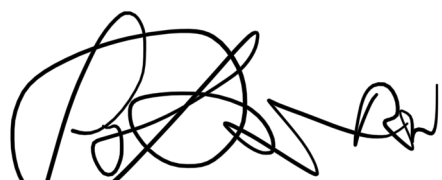
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

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Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

4/5/23

\_\_\_\_\_  
Date

4/5/23

\_\_\_\_\_  
Date