

Foster Family Home - Deficiency Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

Review ID: 1-513011-13

94-780 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/15/2023

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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 9/15/23
Compliance Manager Date

Lilia Galutira 9/15/22
Primary Care Giver Date