

# Foster Family Home - Deficiency Report

Provider ID: 1-200020

Home Name: Lovi Valencia, CNA

Review ID: 1-200020-9

94-369 Kahuapaa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/16/2024

**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 RD      2/16/24  
Compliance Manager      Date  
Valencia      2/16/24  
Primary Care Giver      Date