

# Foster Family Home - Deficiency Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-16

94-1030 Mahoe Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/24/2024

**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 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN*

Compliance Manager

Date

*10/24/24*

*[Signature]*

Primary Care Giver

Date

*10/24/24*