

Foster Family Home - Deficiency Report

Provider ID: 1-562688

Home Name: Luzviminda Godoy, CNA

Review ID: 1-562688-18

94-1030 Mahoe Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/19/2025

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/19/2025)

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

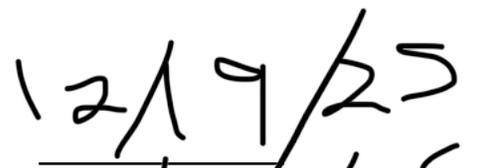
8.(a)(2)-CG#2 APS/CAN lapsed on 1/3/2025 and was done on 6/10/2025.



Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: SUSAN YOUNG

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: LUZVIMINDA GODOY
(PLEASE PRINT)

CCFFH Address: 94-1030 MAHOE PL. WAIKANAHI, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8(a).2	I have to corrected this deficiency by having SCG make a APS/CAN make sure before the due date.	01/01/26	In the future I'm going to write on the calendar to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 01/13/26

CTA has reviewed all corrected items