

# Foster Family Home - Deficiency Report

Provider ID: 1-513011

Home Name: Lilia Galutira, LPN

Review ID: 1-513011-17

94-780 Koniaka Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/13/2025

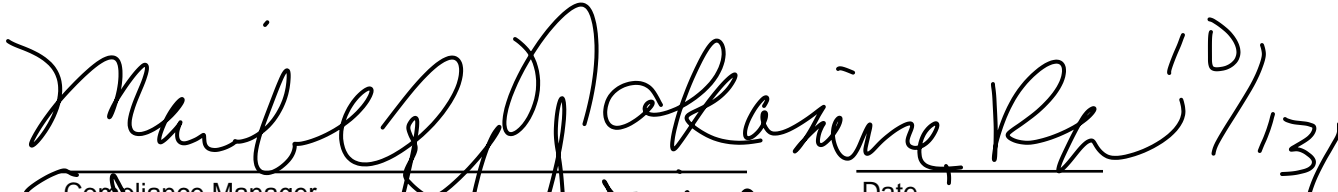
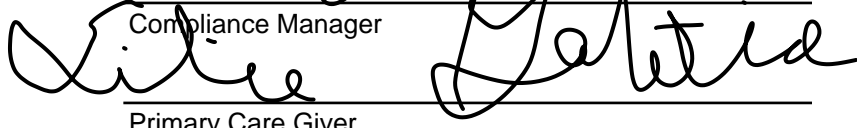
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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.

  
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Compliance Manager      Date: 10/13/25  
  
\_\_\_\_\_  
Primary Care Giver      Date: 10/13/25