

Foster Family Home - Deficiency Report

Provider ID: 1-562315

Home Name: Lily Zafaralla, CNA

Review ID: 1-562315-18

94-1180 Keahua Loop

Reviewer: Laurie Vosler

Waipahu HI 96797

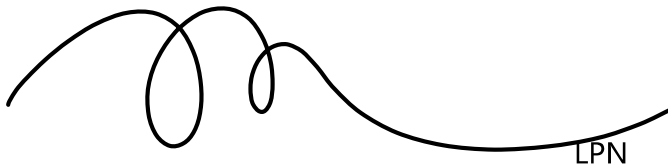
Begin Date: 4/9/2026

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 annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN

Compliance Manager

04/09/2026

Date



Primary Care Giver

04/09/2026

Date