

Foster Family Home - Deficiency Report

Provider ID: 1-130037

Home Name: Vilma Penuliar, CNA

Review ID: 1-130037-18

644 Olive Avenue

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 12/4/2025

Foster Family Home


Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager
Date 12/4/2025


Primary Care Giver
Date 12/4/2025