

# Foster Family Home - Deficiency Report

Provider ID: 1-190091

Home Name: Mark Delos Santos, CNA

Review ID: 1-190091-13

94-589 Apii Place

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 8/19/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

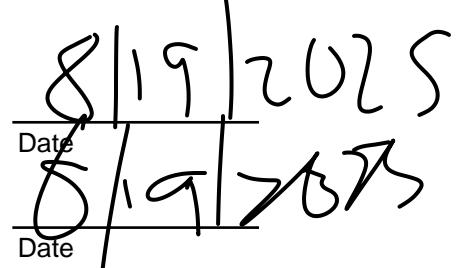
Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

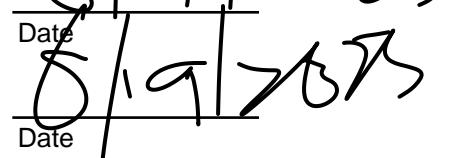


Compliance Manager

Primary Care Giver



8/19/2025  
Date



8/19/2025  
Date