

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