

Foster Family Home - Deficiency Report

Provider ID: 1-160081

Home Name: Maryvin Ancheta, CNA
98-073 Lokowai Street
Aiea HI 96701

Review ID: 1-160081-15
Reviewer: Ryan Nakamura
Begin Date: 8/12/2025

Foster Family Home

Required Certificate

[11-800-6]

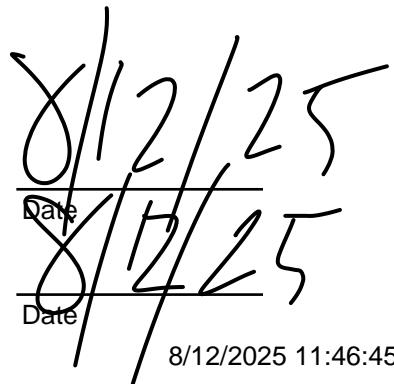
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



8/12/25
Date
8/12/25
Date