

# Foster Family Home - Deficiency Report

Provider ID: 1-260005

Home Name: Angeline Martinez, NA

Review ID: 1-260005-1

94-931 Awanei Street

Reviewer: Laurie Vosler

Waipahu HI 96797

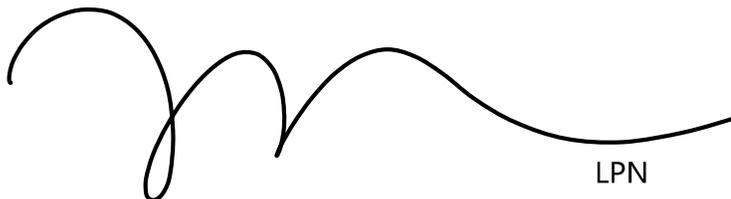
Begin Date: 2/26/2026

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

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



LPN

Compliance Manager

02/26/2026

Date



Primary Care Giver

02/26/2026

Date