

Foster Family Home - Deficiency Report

Provider ID: 1-260008

Home Name: Paul Anloague, NA

Review ID: 1-260008-1

94-760 Kupuohi Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 2/27/2026

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

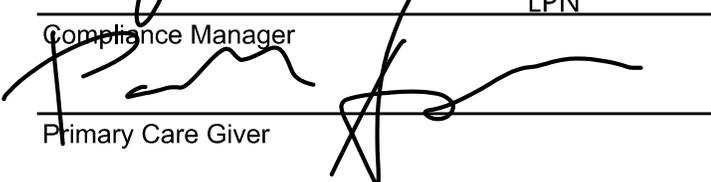
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



Compliance Manager LPN



Primary Care Giver

02/27/2026
Date

02/27/2026
Date