

# Foster Family Home - Deficiency Report

Provider ID: 1-260019

Home Name: Dianne Antonio, CNA

Review ID: 1-260019-1

94-1419 Waipahu Street

Reviewer: Laurie Vosler

Waipahu HI 96797

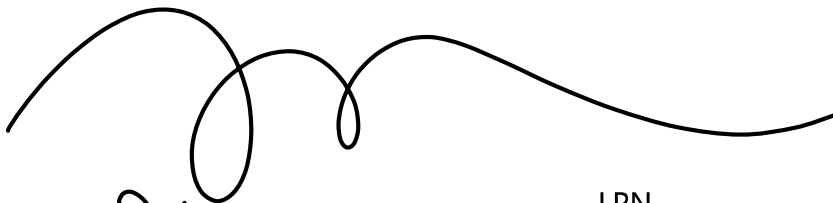
Begin Date: 4/3/2026

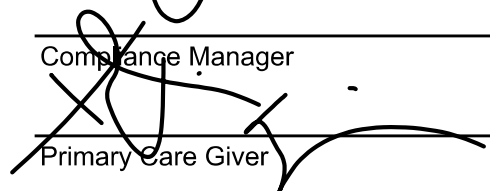
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

\_\_\_\_\_  
04/03/2026  
Date

\_\_\_\_\_  
04/03/2026  
Date