

# Foster Family Home - Deficiency Report

Provider ID: 1-260001

Home Name: Dorotea Mayah Marcos, NA

Review ID: 1-260001-1

94-1018 Akihiloa Street

Reviewer: Laurie Vosler

Waipahu

HI 96797

Begin Date: 2/3/2026

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

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

Comment:

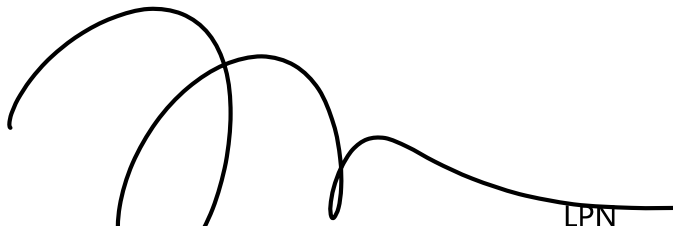
6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

## Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.

  
\_\_\_\_\_  
LPN  
Compliance Manager

02/03/2026  
Date

  
\_\_\_\_\_  
Primary Care Giver

02/03/2026  
Date