

Foster Family Home - Deficiency Report

Provider ID: 1-260017

Home Name: Glaisa Martinez, RN

Review ID: 1-260017-1

94-334 Pupukahi Place

Reviewer: Laurie Vosler

Waipahu HI 96797


Begin Date: 3/26/2026

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

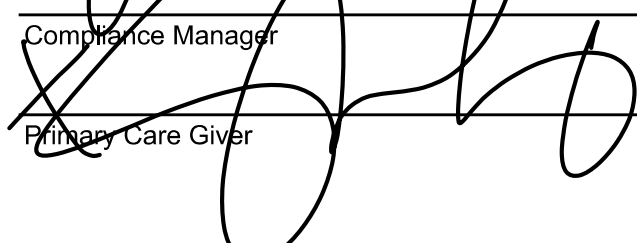
6.(d)(1) Comply with all applicable requirements in this chapter; and

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.



Compliance Manager



Primary Care Giver

03/26/2026

Date

03/26/2026

Date