

# Foster Family Home - Deficiency Report

Provider ID: 4-150020

Home Name: Judith De Los Trino, CNA

Review ID: 4-150020-19

760 Olena Street

Reviewer: David Ayling

Wailuku

HI 96793

Begin Date: 11/18/2025

Foster Family Home

Required Certificate

[11-800-6]


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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

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

11/18/2025  
Date

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

11/18/2025  
Date