

# Foster Family Home - Deficiency Report

Provider ID: 4-210059

Home Name: Maribel A. Queja, CNA

Review ID: 4-210059-11

478 South Kamehameha Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 3/24/2026

Foster Family Home

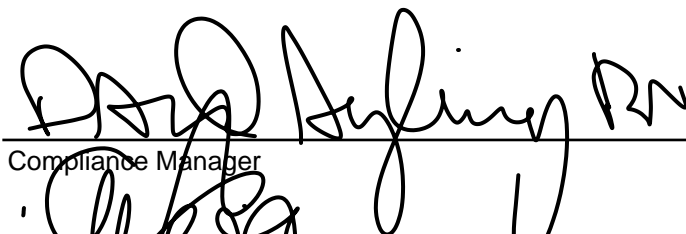
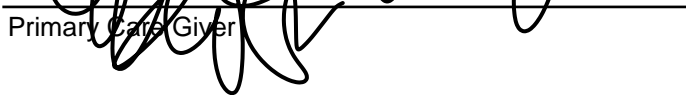
Required Certificate

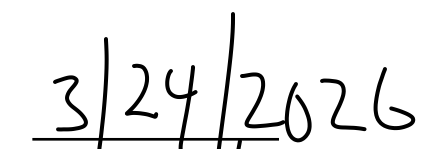
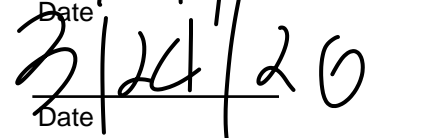
[11-800-6]

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

Comment:

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

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date