

# Foster Family Home - Deficiency Report

Provider ID: 1-230044

Home Name: Maritel Antonio, CNA

Review ID: 1-230044-8

94-527 Hiahia Loop

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 4/9/2026

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

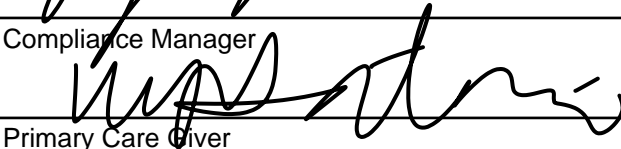
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

4/9/26  
Date  
4/9/26  
Date