

# Foster Family Home - Deficiency Report

Provider ID: 1-250074

Home Name: Mazen Isleta, CNA

Review ID: 1-250074-1

94-411 Oililua Place

Reviewer: Laurie Vosler

Waipahu HI 96797

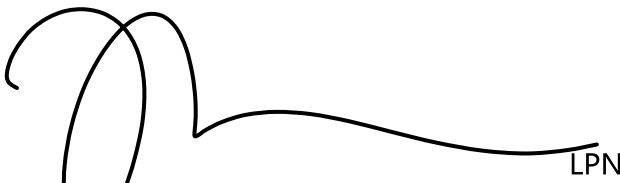
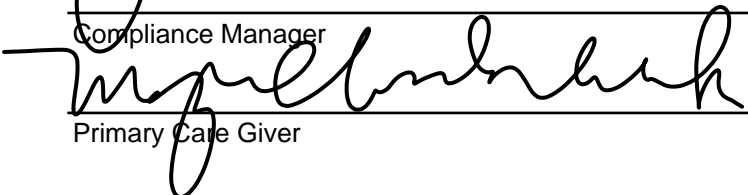
Begin Date: 10/16/2025

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

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

Comment:

6.(d)(1) – 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.

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

10/16/2025  
\_\_\_\_\_  
Date  
10/16/2025  
\_\_\_\_\_  
Date