

Foster Family Home - Deficiency Report

Provider ID: 1-250086

Home Name: Michael Angelo Santos, NA

Review ID: 1-250086-1

99-230 Ohenana Loop

Reviewer: Laurie Vosler

Aiea HI 96701

Begin Date: 11/13/2025

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.

Foster Family Home Fiscal Requirements [11-800-52]


52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



Compliance Manager



Primary Care Giver

11/13/2025

Date

11/13/2025

Date