

# Foster Family Home - Deficiency Report

Provider ID: 1-180001

Home Name: Charlene Arzaga, CNA

Review ID: 1-180001-12

94-1122 Hoomakoa Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/12/2022

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

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

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Comment:

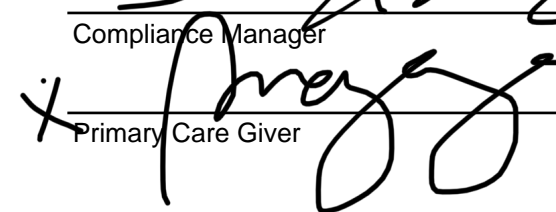
6.d.1- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.



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

12/12/22  
\_\_\_\_\_  
Date



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

12/12/22  
\_\_\_\_\_  
Date