

Foster Family Home - Deficiency Report

Provider ID: 1-140051

Home Name: Arlene De Hitta, CNA

Review ID: 1-140051-14

94-1028 Waiopae Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/22/2023


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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager 9/22/23
Date



Primary Care Giver 9/22/23
Date