

Foster Family Home - Deficiency Report

Provider ID: 2-100058

Home Name: Mercedes Arqitola, CNA

Review ID: 2-100058-18

17-606 S. Ipu'aiwaha Place

Reviewer: Deborah Baumgart

Kea'au

HI 96749

Begin Date: 8/26/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date