

# Foster Family Home - Deficiency Report

Provider ID: 2-100058

Home Name: Mercedes Arquitola, 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:

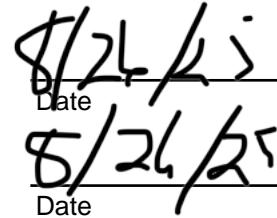
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



8/26/25  
Date  
5/26/25  
Date