

Foster Family Home - Deficiency Report

Provider ID: 1-140051

Home Name: Arlene De Hitta, CNA

Review ID: 1-140051-18

94-1028 Waiopae Street

Reviewer: Laurie Vosler

Waipahu HI 96797

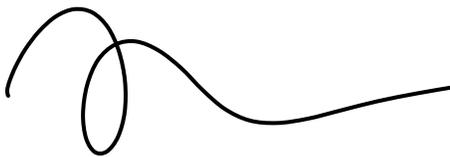
Begin Date: 9/24/2025

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

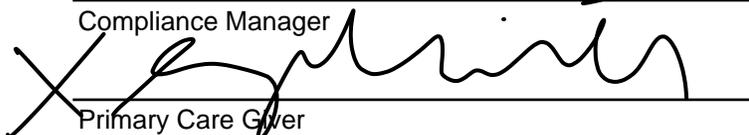
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced annual inspection made for a 3 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

09/24/2025

Date

09/24/2025

Date