

Foster Family Home - Deficiency Report

Provider ID: 1-260010

Home Name: Helen Arcena, CNA

Review ID: 1-260010-1

94-1122 Kahuamo Street

Reviewer: Laurie Vosler

Waipahu HI 96797

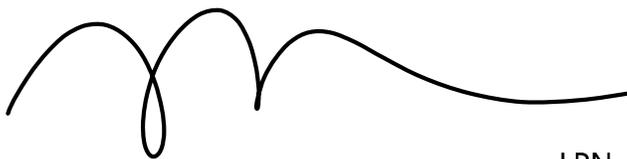
Begin Date: 3/2/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



LPN

Compliance Manager



Primary Care Giver

03/02/2026

Date

03/02/2026

Date