

# Foster Family Home - Deficiency Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-19

45-182 Keana Road

Reviewer: David Ayling

Kaneohe HI 96744

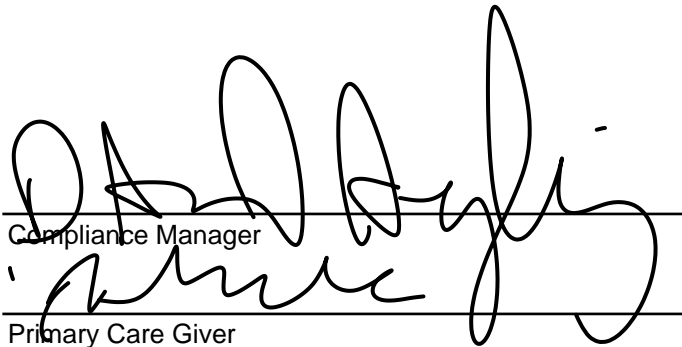

Begin Date: 3/5/2026

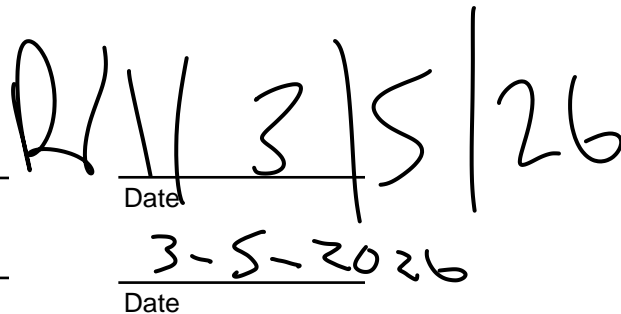
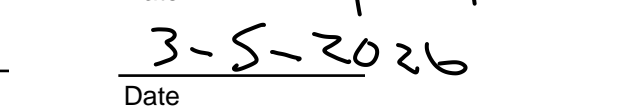
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

-----  
Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date