

Foster Family Home - Deficiency Report

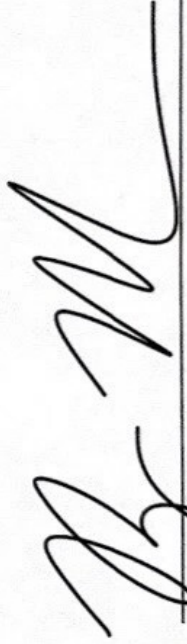
Provider ID: 2-100058
Home Name: Mercedes Arqitola, CNA
17-606 S. Ipu'aiwaha Place
Kea'au HI 96749
Review ID: 2-100058-20
Reviewer: Ryan Nakamura
Begin Date: 4/20/2026

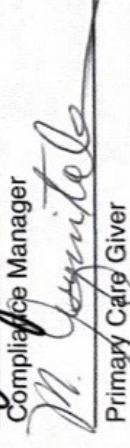
Foster Family Home Required Certificate [11-800-6]

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

Comment:

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



Compliance Manager


Primary Care Giver

4/20/26

Date
4/20/26

Date