

Foster Family Home - Deficiency Report

Provider ID: 1-210073

Home Name: Janice Serrano Mendoza,
CNA

Review ID: 1-210073-1

94-1104 Kahuamo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/28/2021

Foster Family Home

Required Certificate

[11-800-6]

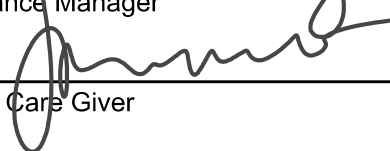
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

10/28/2021

Date

10/28/21

Date