

Foster Family Home - Deficiency Report

Provider ID: 1-633637

Home Name: Eufrocinia Mendoza, CNA

Review ID: 1-633637-13

94-969 Awamoku Place

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 2/25/2022

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. PCG requests to decrease to a 2 client ccffh. Home will receive a 2-bed certification.



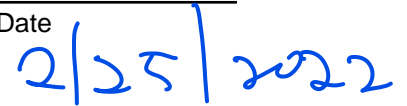
Compliance Manager



Primary Care Giver



Date



Date