

Foster Family Home - Deficiency Report

Provider ID: 1-561581

Home Name: Lily Mendoza, CNA

Review ID: 1-561581-11

91-960 Komana Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 11/9/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date