

Foster Family Home - Deficiency Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-12

94-1039 Pouhana Way

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/15/2022

Foster Family Home

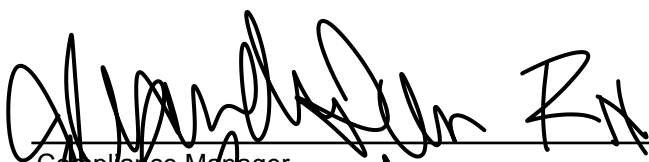
Required Certificate

[11-800-6]

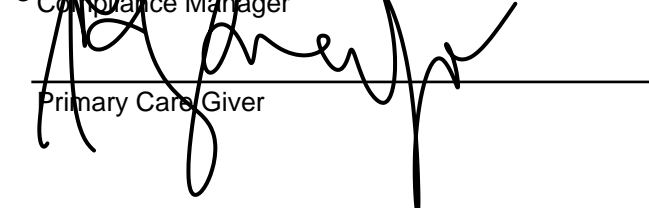
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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



Compliance Manager



Primary Care Giver

9/15/22

Date

9/15/22

Date