

Foster Family Home - Deficiency Report

Provider ID: 1-130021

Home Name: Maricel Mendoza, CNA

Review ID: 1-130021-4

99-122 Ohiakea Street

Reviewer: David Ayling

Aiea HI 96701

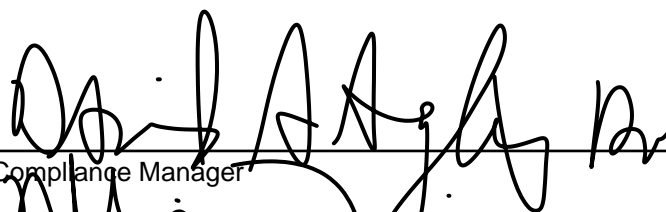
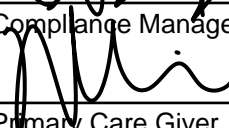
Begin Date: 4/28/2023


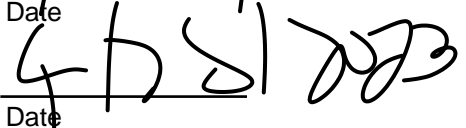
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

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


Date

Date