

Foster Family Home - Deficiency Report

Provider ID: 1-180032

Home Name: Sheila Mendoza, CNA

Review ID: 1-180032-10

94-609 Minoaka Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/24/2023

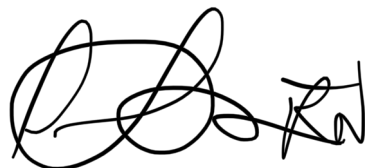
Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

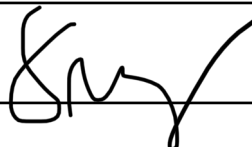
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

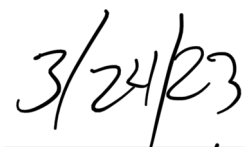
CCFFH met all requirements at the time of the inspection.



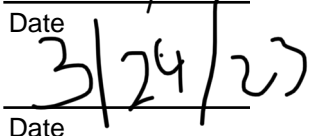
Compliance Manager



Primary Care Giver



Date



Date