

# Foster Family Home - Deficiency Report

Provider ID: 1-561581

Home Name: Lily Mendoza, CNA

Review ID: 1-561581-15

91-960 Komana Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/18/2023

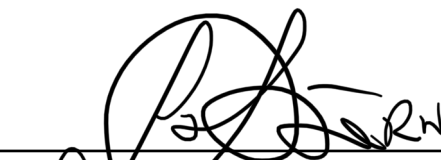
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

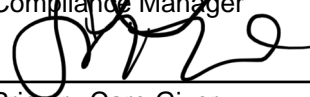
6.(d)(1) Comply with all applicable requirements in this chapter; and

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

10/18/2023  
\_\_\_\_\_  
Date

10/18/23  
\_\_\_\_\_  
Date