

Foster Family Home - Deficiency Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-16

94-1039 Pouhana Way

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/21/2024

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

Date

Date