

# Foster Family Home - Deficiency Report

Provider ID: 1-561581

Home Name: Lily Mendoza, CNA

Review ID: 1-561581-17

91-960 Komana Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 9/19/2024

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

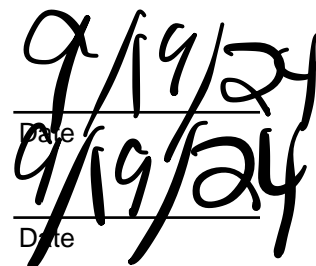
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
Date