

Foster Family Home - Deficiency Report

Provider ID: 1-633637

Home Name: Eufrocinia Mendoza, CNA

Review ID: 1-633637-21

94-969 Awamoku Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/3/2026

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 inspection for a 2 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date