

# Foster Family Home - Deficiency Report

Provider ID: 1-250036

Home Name: Reynald Mendoza, NA

Review ID: 1-250036-3

94-1074 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/9/2026

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/9/26).

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprint or Ecrim expired on 12/5/25 and no current result was present.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- CG#4's TB clearance lapsed on 5/13/25 and was not done until 1/2/26.

41.(b)(8)- CG#4's CPR/basic first aid training expired on 10/4/25 and no current certificate was present.

*Maribel Nakamine*

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Compliance Manager  
*[Signature]*  
\_\_\_\_\_  
Primary Care Giver

*DN* 1/9/26  
\_\_\_\_\_  
Date 1/9/26  
\_\_\_\_\_  
Date