

# Foster Family Home - Deficiency Report

Provider ID: 1-130059

Home Name: Rosalina Mendoza, CNA

Review ID: 1-130059-18

94-1039 Pouhana Way

Reviewer: Laurie Vosler

Waipahu

HI 96797

Begin Date: 9/23/2025

## 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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/23/2025.

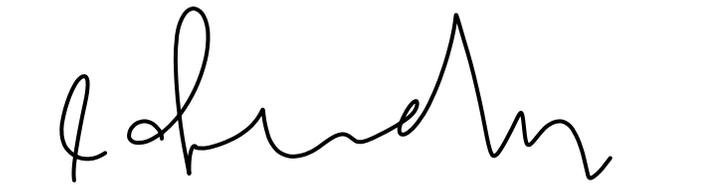
Please note: Deficiencies identified as repeat violations from a previous inspection requires that you identify a new prevention strategy from ones attempted in the past, to ensure compliance moving forward.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) TB clearance for HHM# 1. TB clearance was not on approved department of health form, F.



Compliance Manager



Primary Care Giver

09/23/2025  
Date

09/23/2025  
Date