

Foster Family Home - Deficiency Report

Provider ID: 1-240104

Home Name: Vito Mendoza Jr., NA

Review ID: 1-240104-3

94-432 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/13/2025

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 visit made for a 2 bed re-certification inspection.


Deficiency Report issued during CCFFH inspection via email on 10/13/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

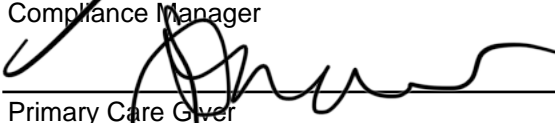
Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

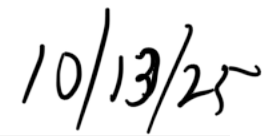
Comment:

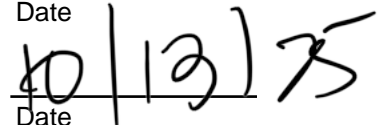
41(a)(2) CNA Prometric registry check are not present for CG#4.



Compliance Manager


Primary Care Giver



Date


Date