

Foster Family Home - Corrective Action Report

Provider ID: 1-628323

Home Name: Ahled Domingo, CNA

Review ID: 1-628323-3

91-1005 Manaopaa Street

Reviewer: [REDACTED]

Ewa Beach HI 96706

Begin Date: 9/24/2015

End Date: 9/24/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment

Home visit for a 2 person recertification review made on 9/24/15. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

[REDACTED SIGNATURE] _____
Compliance Manager

[REDACTED SIGNATURE] _____
Primary Care Giver

9/24/15

Date

09/24/15

Date