

# Foster Family Home - Corrective Action Report

Provider ID: 3-527210

Home Name: Florie Domingo, CNA

Review ID: 3-527210-3

91-1012 Ikulani Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 9/22/2015

End Date: 9/22/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

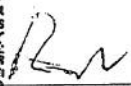
Home visit for a 3 person recertification review made on 9/22/15. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver



9/22/15

Date

9/22/15

Date