

Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-1

91-1005 Manaopaa St

Reviewer:

Ewa Beach HI 96706

Begin Date: 6/12/2015

End Date: 6/20/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for initial certification of 2 bed home where there is a change of primary caregiver from one spouse to the other. All requirements met at time of review.



Compliance Manager

Charisma P. Domingo

Primary Care Giver

Date

6/12/15

Date

6/12/15