

Foster Family Home - Corrective Action Report

Provider ID: 1-100073

Home Name: Iluminada Domingo, CNA

Review ID: 1-100073-5

94-1177 Hoomakoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 12/1/2015

End Date: 12/1/2015

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home survey conducted for recertification of three client home 12/1/2015. All requirements met at time of review. Two year certification issued.

Compliance Manager

Primary Care Giver

Iluminada Domingo

Date

Date

12/3/15

12-3-15