

Foster Family Home - Corrective Action Report

Provider ID: 3-619281

Home Name: Marites Domingo, CNA

Review ID: 3-619281-7

81-1171 Konawaena School
Road

Reviewer:

Kealahoukua HI 96750

Begin Date: 6/30/2015

End Date: 6/30/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit done on 6/30/15 to survey for recertification. Home in compliance on day of survey. Home to be recertified for two years for three client.

Compliance Manager

Marites Domingo
Primary Care Giver

6-30-15
Date

6-30-15
Date