

## Foster Family Home - Corrective Action Report

Provider ID: 1-120029

Home Name: Jociel Baysa Domingo-Nones,  
CNA

Review ID: 1-120029-4

6252 B Ibis Avenue

Reviewer:

Ewa Beach

HI 96706

Begin Date: 7/9/2015

End Date:

7/9/15

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 [REDACTED]

PCG requests to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.