

## Foster Family Home - Corrective Action Report

Provider ID: 1-120029

Home Name: Jociel Baysa Domingo-Nones,  
CNA

Review ID: 1-120029-6

94-765 Kime St.

Reviewer:

Waipahu HI 96797

Begin Date: 6/9/2016

End Date:

6/14/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Environmental review for 3 client CCFFH for move. No corrective action report issued during review.