

# Foster Family Home - Corrective Action Report

Provider ID: 1-588527

Home Name: Marissa Domingo, CNA

Review ID: 1-588527-3

91-708 Aikanaka Road

Reviewer:

Ewa Beach

HI 96706

Begin Date: 8/2/2016

End Date: 8/2/16

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 3 person recertification review made on 8/2/16.  
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*Marissa C. Domingo*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*8/2/16*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Date