

# Foster Family Home - Corrective Action Report

Provider ID: 1-631293

Home Name: Melanie Domer, CNA

Review ID: 1-631293-4

94-1116 Huakai Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/14/2016

End Date: 7/14/16

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 [REDACTED]  
Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

