

Foster Family Home - Corrective Action Report

Provider ID: 1-509466

Home Name: Vicenta Domingo, CNA

Review ID: 1-509466-3

94-1120 Lumikula Street

Reviewer:

Waipahu HI 96797

Begin Date: 5/5/2016

End Date: 5/2/16

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

Compliance Manager

Vicenta P. Domingo

Primary Care Giver

Date

5/5/16

Date