## Foster Family Home - Corrective Action Report

Provider ID:	4-597552						
Home Name:	Jessica Domin	go, CNA	Review ID:	4-597552-5	and a second of the second		
1016 Laelae Str	eet		Reviewer:			, ,	
Wailuku	HI	96793	Begin Date:	9/27/2016	End Date:	9/27/16	
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Foster Family	Home Re	quired Certifi	icate	(1)	F1454-6]		
6.(d)(1)	Comply with a	ll applicable req	uirements in this cha	pter; and		4 4000	annament 1970 a september 1981 to 1981
Comment:					******	•••••••	
Home visit for a Home is in com	a 2 person CCFF  opliance with all	FH recertification requirements.	on review made or Home will receive	9/27/16. PCG a 1 year 3 bed	requested to certification.	increase to a 3 o	client CCFFH.
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	Compliance Ma	anager					
	Janusa	1 .	w		Date		
	Primary Care G		-		9.5	27.16,	12
age 1 of 1			;		Date	•	

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