

# Foster Family Home - Corrective Action Report

Provider ID: 4-597552

Home Name: Jessica Domingo, CNA

Review ID: 4-597552-5

1016 Laelae Street

Reviewer:

Wailuku

HI 96793

Begin Date: 9/27/2016

End Date: 9/27/16

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 CCFFH recertification review made on 9/27/16. PCG requested to increase to a 3 client CCFFH. Home is in compliance with all requirements. Home will receive a 1 year 3 bed certification.

Compliance Manager

*Jessica B. Domingo*  
Primary Care Giver

Date

9.27.16

Date