

Foster Family Home - Corrective Action Report

Provider ID: 1-595829

Home Name: Leilani Domingo, CNA

Review ID: 1-595829-3

94-458 Alapine Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/10/2016

End Date: 10/12/2016

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6 (d)(1) Requirements at the time of the home visit made on 10/10/2016. No corrective action required. Home is eligible for a 2 year 3-bed certification.

Compliance Manager

Leilani B. Domingo

Primary Care Giver

Date

10-10-2016

Date