

Foster Family Home - Corrective Action Report

Provider ID: 1-090109

Home Name: Tessie Domingo, CNA

Review ID: 1-090109-5

94-1064 Lumi St.

Reviewer:

Waipahu

HI 96797

Begin Date: 9/15/2016

End Date: 9/19/16

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 9/15/2016 for a 2-bed change to 3-bed certification. No corrective action required. Home is eligible for a 1 year 3 bed certification.

Compliance Manager

Tessie Domingo
Primary Care Giver

Date

9-15-2016
Date