

Foster Family Home - Corrective Action Report

Provider ID: 1-563545

Home Name: Rochelle Domingo, CNA

Review ID: 1-563545-6

94-1036 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/7/2016

End Date: 10/7/16

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 3 person CCFFH recertification review made on 10/7/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

Rochelle Domingo

Primary Care Giver

Date

10/7/16

Date