

# Foster Family Home - Corrective Action Report

Provider ID: 1-594475  
Home Name: Ruby Domingo CNA      Review ID: 1-594475-3  
94-429 Alapine Street      Reviewer:  
Waipahu      HI      96797      Begin Date: 11/9/2016      End Date: 11/9/16

## 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 11/9/16. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

\_\_\_\_\_  
Compliance Manager

*R Domingo*  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

*11/9/16*  
\_\_\_\_\_  
Date