

# Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-3

94-941 Kuhaulua St

Reviewer:

Waipahu

HI 96797

Begin Date: 12/28/2016

End Date:

12/30/2016

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 12/28/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

*Charisma H. Domingo*

Primary Care Giver

Date

12.28.16

Date