

# Foster Family Home - Corrective Action Report

Provider ID: 1-559081

Home Name: Josephine Domingo, CNA

Review ID: 1-559081-5

91-823 Moneha Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/3/2017

End Date: 4/3/17

Foster Family Home

Required Certificate

[17-1454-6]

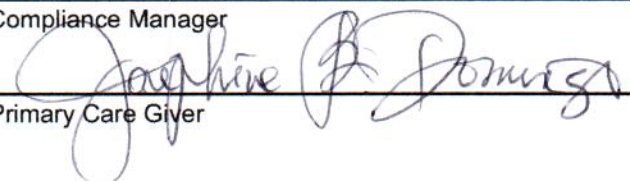
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 4/3/17. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

Primary Care Giver



Date

Date

