

Foster Family Home - Corrective Action Report

Provider ID: 1-562109

Home Name: Gina Domingo, CNA

Review ID: 1-562109-5

94-1027 Paiwa Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/21/2017

End Date: 9/21/17

Foster Family Home

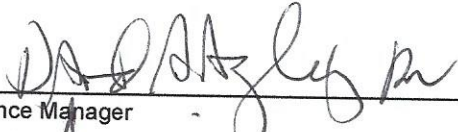
Required Certificate

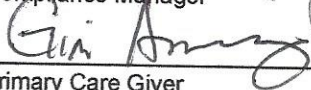
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 9/21/17. Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver


Date


Date