

# Foster Family Home - Corrective Action Report

Provider ID: 1-511578

Home Name: Juliana Domingo, CNA

Review ID: 1-511578-5

94-231 Kahuamo Place

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/6/2017

End Date: 9/6/2017

**Foster Family Home**      **Required Certificate**      **[17-1454-6]**

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

Comment:

6.d.1-Home visit made for a 3 person CCFFH certification survey.  
Home is in compliance with all requirements. Home will receive a 3 person 2 year certificate.

Carrie Wakai RW  
Compliance Manager

9-6-17  
Date

J. Domingo  
Primary Care Giver

9/6/17  
Date