

Foster Family Home - Corrective Action Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA
1900 Gulick Avenue
Honolulu HI 96819

Review ID: 1-590746-6

Reviewer: Sue Lo

Begin Date: 9/18/2017

End Date: 9/18/2017

Foster Family Home Required Certificate

[17-1464-61]

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

Comment:

6(d)(1) Home visit made for a 3 bed recertification. Home met all compliance requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 3 bed certification.

Sue Lo
Compliance Manager

Milagros Domingo
Primary Care Giver

9/18/2017
Date

9/18/2017
Date