

# Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-5

94-941 Kuhaulua St

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 3/1/2018

End Date: 3/1/18

Foster Family Home

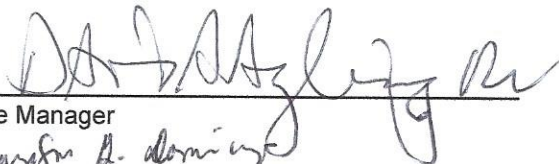
Required Certificate

[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 3/1/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

  
\_\_\_\_\_  
Compliance Manager

Charisma A. Domingo

\_\_\_\_\_  
Primary Care Giver

3/1/18  
Date

3-1-18

\_\_\_\_\_  
Date