

# Foster Family Home - Corrective Action Report

Provider ID: 4-130022

Home Name: Edita Domingo, CNA

Review ID: 4-130022-5

141 Puukani Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 6/4/2018

End Date: 6/4/18

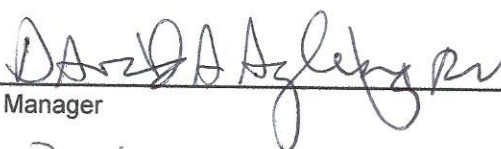
Foster Family Home Required Certificate [17-1454-6]

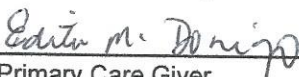
6.(d)(1) Comply with all applicable requirements in this chapter; and

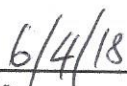
Comment:

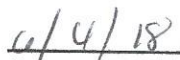
Home visit for a 2 person CCFFH recertification review made on 6/4/18.

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

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date