

Foster Family Home - Corrective Action Report

Provider ID: 1-509466

Home Name: Vicenta Domingo, CNA

Review ID: 1-509466-4

94-1120 Lumikula Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 5/2/2018

End Date: 5/2/18

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 5/2/18.

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

David Ayling
Compliance Manager

Vicenta P. Domingo
Primary Care Giver

5/2/18
Date

5/2/18
Date