

# Foster Family Home - Corrective Action Report

Provider ID: 1-120029

Home Name: Jociel Baysa Domingo-Nones,  
CNA

Review ID: 1-120029-9

94-394 Honowai St.

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 7/17/2018

End Date: 7/17/18

Foster Family Home

Required Certificate

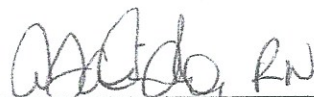
[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 7/17/2018.

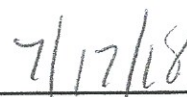
6.(d)(1)- Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.



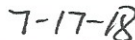
Compliance Manager



Primary Care Giver



Date



Date