

Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-6

94-941 Kuhaulua Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 4/16/2020

Foster Family Home Required Certificate [11-800-6]

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

Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 3 bed certification

Julie Hastings RN, RSN
Compliance Manager

Charisma Domingo
Primary Care Giver

4/17/2020
Date

4/17/2020
Date