

Foster Family Home - Corrective Action Report

Provider ID: 1-180047

Home Name: Kris Marie Domingo, NA

Review ID: 1-180047-5

94-1157 Awaiki Place

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 10/28/2020

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

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

Comment:

6.(d)(1)
Home inspection completed for a 2 person CCFFH recertification.
-Home is in compliance with all requirements. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

10/28/2020

Date

10/28/2020

Date