

# Foster Family Home - Corrective Action Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-8

94-941 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/10/2021

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

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

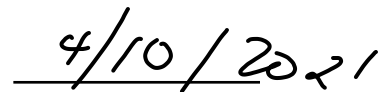
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Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

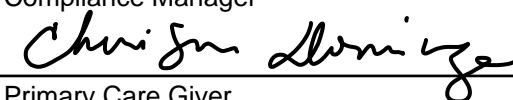
No deficiencies found.



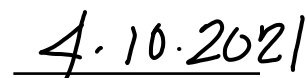
Compliance Manager



Date



Primary Care Giver



Date