

# Foster Family Home - Corrective Action Report

Provider ID: 1-509466

Home Name: Vicenta Domingo, CNA

Review ID: 1-509466-7

94-1120 Lumikula Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 6/7/2021

Foster Family Home


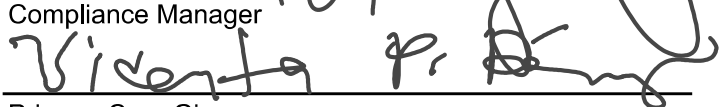
Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection for a 2 person CCFFH. All requirements were met at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

6/7/2021  
\_\_\_\_\_  
Date  
6/7/2021  
\_\_\_\_\_  
Date