

Foster Family Home - Deficiency Report

Provider ID: 3-210054

Home Name: Vanessa Joy Domingo, CNA

Review ID: 3-210054-1

75-6111 Paulehia Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740


Begin Date: 7/27/2021

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


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

Comment:

6.(d)(1) – Home inspection made for a new 2 bed CCFFH certification. Home met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

7/27/21
Date

7/27/21
Date