

Foster Family Home - Deficiency Report

Provider ID: 1-562109

Home Name: Gina Domingo, CNA

Review ID: 1-562109-10

94-1027 Paiwa Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/26/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, M

Compliance Manager

Gina Domingo

Primary Care Giver

8/26/2021

Date

8/26/2021

Date