# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **Provider ID:** | **1-090109** | | |
| **Home Name:** | **Tessie Domingo, CNA** | **Review ID:** | **1-090109-13** |
| 98-1005 Palula Way | | Reviewer: | Maribel Nakamine |
| Aiea HI 96701 | | Begin Date: | 8/6/2021 |

**Foster Family Home** **Required Certificate** **[11-800-5]**

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

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

Maribel Nakamine, RN 8/6/2021
Compliance Manager Date

Tessie Domingo 8/6/2021
Primary Care Giver Date