## Foster Family Home - Deficiency Report

Provider ID: 4-160092

Home Name: Kathleen Pascua Domingo, Review ID: 4-160092-7

NA

74 Puukani Street Reviewer: Terri Van Houten

Kahului HI 96732 Begin Date: 11/1/2021

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 home inspection made for a 2 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.

Compliance Manage

Primary Care Giver

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