

Foster Family Home - Deficiency Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-13

1900 Gulick Avenue

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 10/11/2021

Foster Family Home

Required Certificate

[11-800-6]

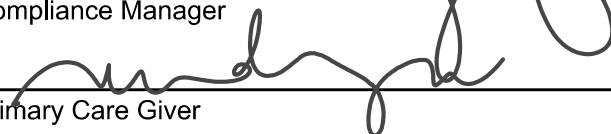
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

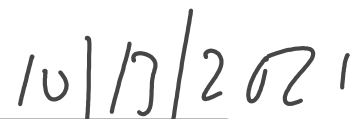
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



Compliance Manager



Primary Care Giver



Date



Date