

# Foster Family Home - Deficiency Report

Provider ID: 3-619281

Home Name: Marites Domingo, CNA

Review ID: 3-619281-17

74-1451 Hao Kuni Street

Reviewer: David Ayling

Kailua-Kona HI 96740

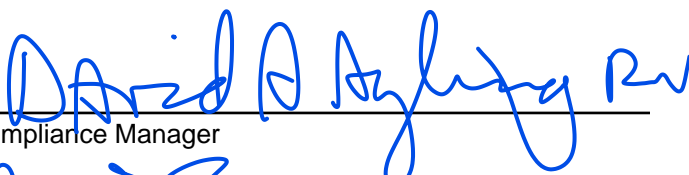
Begin Date: 5/19/2022


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


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

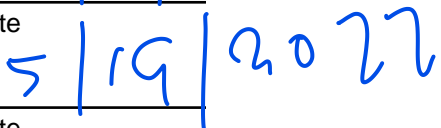
Comment:

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