

# Foster Family Home - Deficiency Report

Provider ID: 1-180047

Home Name: Kris Marie Domingo, NA

Review ID: 1-180047-9

94-1157 Awaiki Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/12/2022

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

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

Comment:

6(d)(1) Unannounced recertification inspection made for a 3-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

CCFFH requesting to increase from 2 beds to 3 beds.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date