

# Foster Family Home - Deficiency Report

Provider ID: 1-595829

Home Name: Leilani B. Domingo, CNA

Review ID: 1-595829-10

94-458 Alpine Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/29/2022

**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 annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

9/29/22  
\_\_\_\_\_  
Date  
9/29/22  
\_\_\_\_\_  
Date