

# Foster Family Home - Deficiency Report

Provider ID: 1-220056

Home Name: Leilani C. Domingo, CNA

Review ID: 1-220056-1

94-663 Kehela Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 8/16/2022

**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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A Ayling RN      8/16/2022  
Compliance Manager      Date  
[Signature]      8/16/2022  
Primary Care Giver      Date