

Foster Family Home - Deficiency Report

Provider ID: 1-590746

Home Name: Milagros Domingo, CNA

Review ID: 1-590746-15

1900 Gulick Avenue

Reviewer: Deborah Baumgart

Honolulu

HI

96819

Begin Date: 9/1/2022

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.

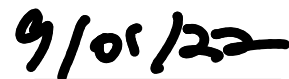
CCFFH is in compliance with all requirements.



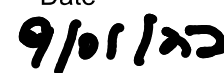
Compliance Manager



Primary Care Giver



Date



Date