

Foster Family Home - Deficiency Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-13

87-1017 Huamoa Street

Reviewer: Deborah Baumgart

Waianae

HI

96792

Begin Date: 2/28/2023

Foster Family Home


Required Certificate

[11-800-6]

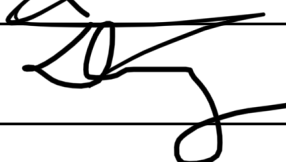
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

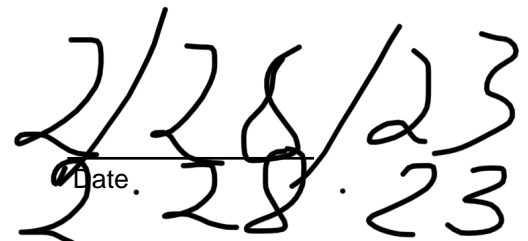
6(d)(1) Unannounced visit made for a 3-bed annual inspection. CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver



Date

Date