

Foster Family Home - Deficiency Report

Provider ID: 1-230033

Home Name: Beverly Domingo, RN

Review ID: 1-230033-1

91-1016 Ikulani Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 5/17/2023

Foster Family Home

Required Certificate

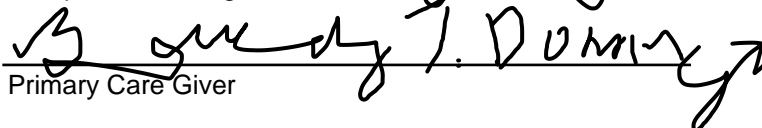
[11-800-6]

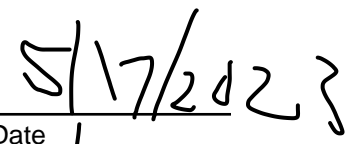
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - 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.


Compliance Manager


Primary Care Giver


Date


Date