

Foster Family Home - Deficiency Report

Provider ID: 3-210054

Home Name: Vanessa Joy Domingo, CNA

Review ID: 3-210054-6

75-6111 Paulehia Street

Reviewer: David Ayling

Kailua-Kona HI 96740

Begin Date: 7/18/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies. PCG requests to increase to a 3 client ccffh.

David A Ayling

Compliance Manager

7/18/2023

Date