

Foster Family Home - Deficiency Report

Provider ID: 3-527210

Home Name: Florie Domingo, NA

Review ID: 3-527210-15

73-4334 Napoo Place

Reviewer: David Ayling

Kona HI 96740

Begin Date: 8/3/2023

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



Compliance Manager



Primary Care Giver

8/3/2023

Date
8/3/23

Date