

Foster Family Home - Deficiency Report

Provider ID: 1-230079

Home Name: Remy James E. Domingo,
CNA

Review ID: 1-230079-1

94-428 Hiapaiole Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/31/2023

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.

David A. Ayling RN
Compliance Manager

Date

Remy
Primary Care Giver

Date