

Foster Family Home - Deficiency Report

Provider ID: 1-594475

Home Name: Ruby Domingo, CNA

Review ID: 1-594475-12

94-429 Alpine Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/31/2023

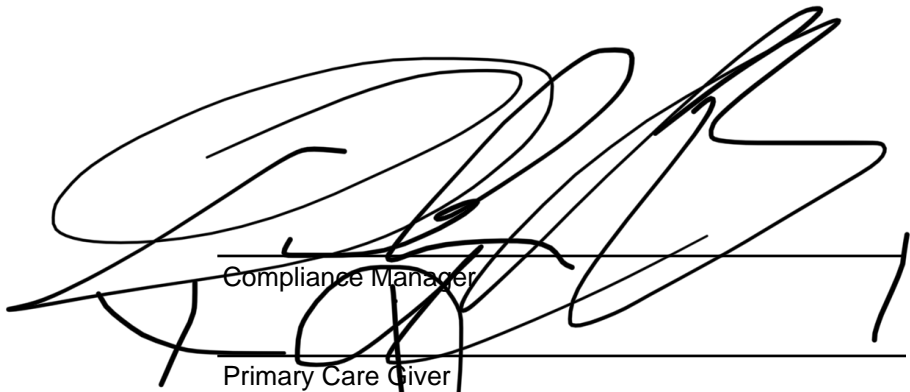
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

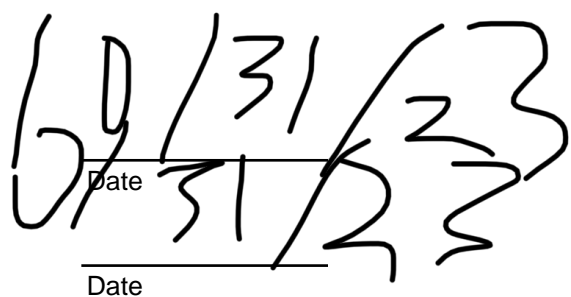
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver



Date