

Foster Family Home - Deficiency Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-15

87-1017 Huamoa Street

Reviewer: Maribel Nakamine

Waianae HI 96792

Begin Date: 2/8/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN

Compliance Manager

Charisma Domingo

Primary Care Giver

2/8/24

Date

2/8/24

Date