

Foster Family Home - Deficiency Report

Provider ID: 4-130022

Home Name: Edita Domingo, CNA

Review ID: 4-130022-15

141 Puukani Street

Reviewer: Terri Van Houten

Kahului HI 96732

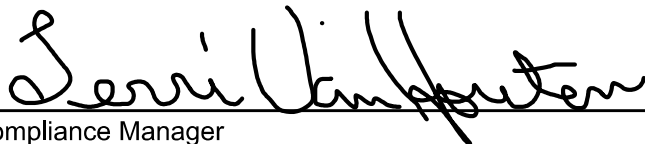
Begin Date: 4/3/2024

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 annual inspection made for a 2 bed CCFFH. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



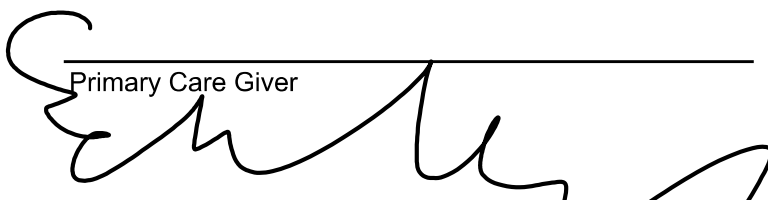
Compliance Manager

4/3/24

Date

4/3/24

Date



Primary Care Giver