

Foster Family Home - Deficiency Report

Provider ID: 3-190039

Home Name: Raquel Domingo, CNA

Review ID: 3-190039-11

73-1100 Makamaka Street

Reviewer: David Ayling

Kailua-Kona HI 96740

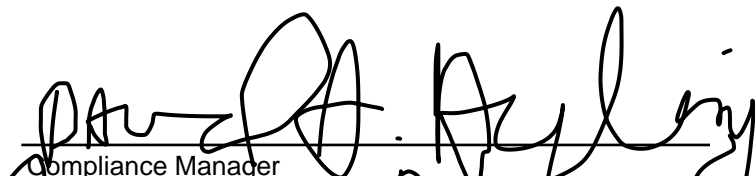
Begin Date: 3/6/2024

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

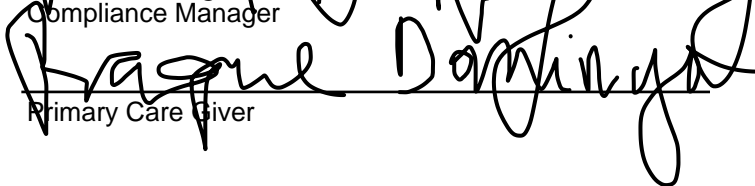
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

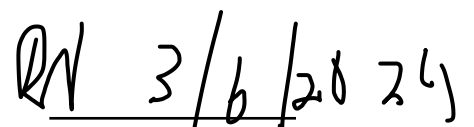
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a ~~3-bed~~ certification.
2-bed. SLY




Compliance Manager



Primary Care Giver

 RN
Date 3/6/2024


Date 3/4/2024