

# Foster Family Home - Deficiency Report

Provider ID: 1-509466

Home Name: Vicenta Domingo, CNA

Review ID: 1-509466-13

94-1120 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/21/2024

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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN* <sup>3/21/24</sup>  
\_\_\_\_\_  
Compliance Manager  
*[Signature]*  
\_\_\_\_\_  
Primary Care Giver  
Date 3/21/24  
Date