

# Foster Family Home - Deficiency Report

Provider ID: 3-527210

Home Name: Florie Domingo, NA

Review ID: 3-527210-17

73-4334 Napoo Place

Reviewer: David Ayling

Kona HI 96740


Begin Date: 7/23/2024

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

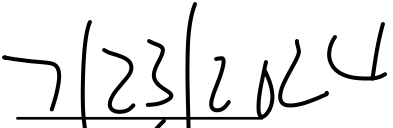
6.(d)(1)      Comply with all applicable requirements in this chapter; and


Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date