

# Foster Family Home - Deficiency Report

Provider ID: 1-180047

Home Name: Kris Marie Domingo, RN

Review ID: 1-180047-13

94-1157 Awaiki Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/18/2024


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

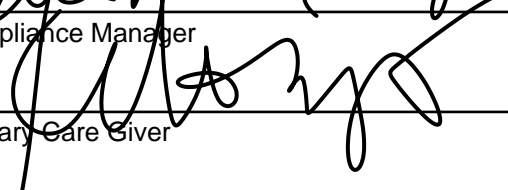
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager      Date 7/18/24

  
\_\_\_\_\_  
Primary Care Giver      Date 7/18/24

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