

Foster Family Home - Deficiency Report

Provider ID: 1-595829

Home Name: Leilani B. Domingo, CNA

Review ID: 1-595829-14

94-458 Alpine Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/12/2024

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


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

Comment:

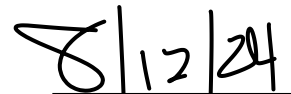
6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

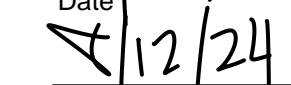


Compliance Manager



Primary Care Giver



Date


Date