

# Foster Family Home - Deficiency Report

Provider ID: 3-210054

Home Name: Vanessa Joy Domingo, CNA

Review ID: 3-210054-8

75-6111 Paulehia Street

Reviewer: David Ayling

Kailua-Kona HI 96740


Begin Date: 7/10/2024

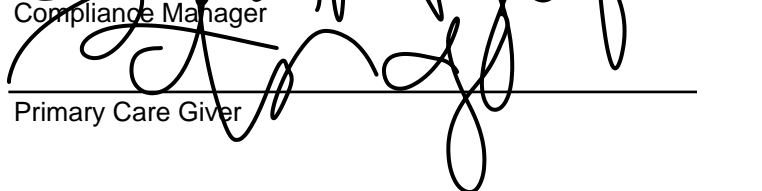
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

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

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

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

7/10/2024  
\_\_\_\_\_  
Date

7/10/24  
\_\_\_\_\_  
Date