

Foster Family Home - Deficiency Report

Provider ID: 1-220056

Home Name: Leilani C. Domingo, CNA

Review ID: 1-220056-7

94-663 Kehela Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/30/2025

Foster Family Home	Required Certificate	[11-800-6]
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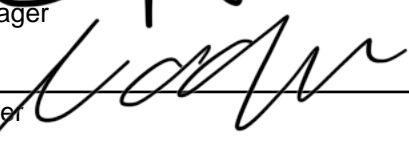
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date


Date