

Foster Family Home - Deficiency Report

Provider ID: 3-210054

Home Name: Vanessa Joy Domingo, CNA

Review ID: 3-210054-10

75-6111 Paulehia Street

Reviewer: Maribel Nakamine

Kailua-Kona HI 96740

Begin Date: 7/21/2025

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 visit made for a 3-bed annual inspection

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 7/21/25
Compliance Manager Date
[Signature] 7/21/25
Primary Care Giver Date