

Foster Family Home - Deficiency Report

Provider ID: 1-150024

Home Name: Charisma Domingo, CNA

Review ID: 1-150024-19

87-1017 Huamoa Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 1/8/2026

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

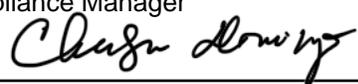
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date