

Foster Family Home - Deficiency Report

Provider ID: 1-210015

Home Name: Editha Domaol, CNA

Review ID: 1-210015-11

1429 Kamehameha IV Road

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/5/2024

Foster Family Home


Required Certificate

[11-800-6]

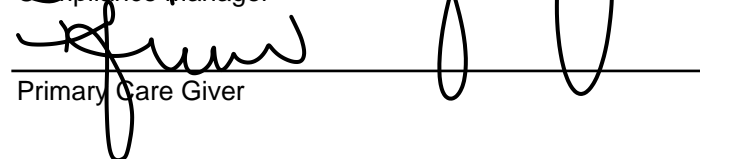
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

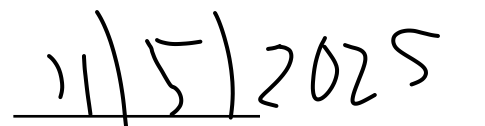
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



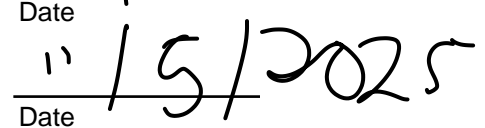
Compliance Manager



Primary Care Giver



Date



Date