

Foster Family Home - Deficiency Report

Provider ID: 1-180047

Home Name: Kris Marie Domingo, RN

Review ID: 1-180047-15

94-1157 Awaiki Place

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 9/18/2025

Foster Family Home

Required Certificate

[11-800-6]


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

Comment:

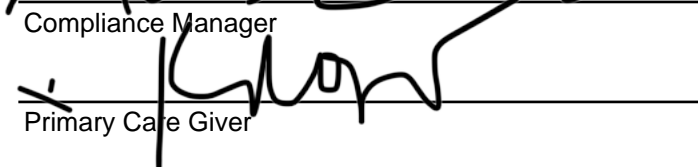
6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.


CCFFH requests to increase from two bed to three beds.



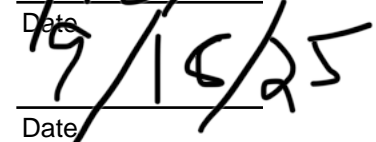
Compliance Manager



Primary Care Giver



Date



Date