

# Foster Family Home - Deficiency Report

Provider ID: 3-190039

Home Name: Raquel Domingo, CNA

Review ID: 3-190039-15

73-1100 Makamaka Street

Reviewer: Maribel Nakamine

Kailua-Kona HI 96740

Begin Date: 3/27/2026

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


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

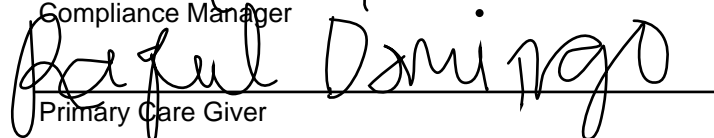
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Comment:

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

CCFFH met all requirements at the time of inspection. No corrective action required.

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/27/26

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date