

Foster Family Home - Deficiency Report

Provider ID: 4-130022

Home Name: Edita Domingo, CNA

Review ID: 4-130022-19

141 Puukani Street

Reviewer: David Ayling

Kahului HI 96732


Begin Date: 4/21/2026


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

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

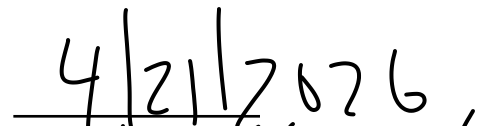
Comment:


6.(d)(1) - Annual unannounced inspection made today. CCFFH currently has no clients. Completed annual review. No deficiencies.



Compliance Manager


Primary Care Giver



Date


Date