

Foster Family Home - Corrective Action Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-3

94-234 Pupukui Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/13/2015

End Date: 2/13/15

Foster Family Home

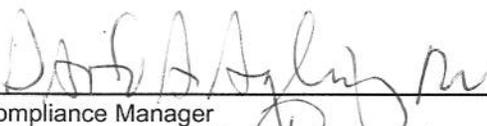
Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person recertification review made on 2/13/15.
Home is in compliance with all requirements. Home will receive
a 2 year 3 bed certification.



Compliance Manager



Primary Care Giver

2/13/15
Date

02/13/15
Date