

# Foster Family Home - Corrective Action Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

Review ID: 1-583410-3

1428 Konia Street

Reviewer:

Honolulu HI 96817

Begin Date: 6/26/2015

End Date: 6/26/2015

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 6/26/15.  
Home is in compliance with all requirements. Home will receive  
a 2 year 3 bed certification.

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

*Helen J. Pascua*

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

*6/26/15*  
\_\_\_\_\_  
Date

*6/26/15*  
\_\_\_\_\_  
Date