

# Foster Family Home - Corrective Action Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-4

94-234 Pupukui Street

Reviewer:

Waipahu HI 96797

Begin Date: 2/15/2017

End Date: 2/15/17

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 CCFFH recertification review made on 2/15/17. Home is in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Compliance Manager

*Felicitas G Pascual*

Primary Care Giver

Date

2/15/17

Date

02/15/17