

Foster Family Home - Corrective Action Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

Review ID: 1-583410-4

1428 Konia Street

Reviewer: Carrie Wakai

Honolulu

HI 96817

Begin Date: 7/7/2017

End Date: 7/7/17

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a 3 person CCFFH recertification survey. Home is in compliance with all requirements. Home will receive a 2 year 3 person certification.

Carrie Wakai pd
Compliance Manager

7-7-17
Date

Hepaseva
Primary Care Giver

7-7-17
Date