

Foster Family Home - Corrective Action Report

Provider ID: 4-160092

Home Name: Kathleen Pascua, NA

74 Puukani St.

Kahului HI 96732

Review ID: 4-160092-2

Reviewer: David Ayling

Begin Date: 12/18/2017

End Date: 12/18/17

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 2 person CCFFH recertification review made on 12/18/17. Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.



Compliance Manager



Primary Care Giver

12/18/17
Date

12/18/17
Date