

Foster Family Home - Corrective Action Report

Provider ID: 1-613837

Home Name: Aprilyn Pascual, CNA

Review ID: 1-613837-5

91-946 Ahona Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 5/7/2018

End Date: 5/7/18

Foster Family Home

Required Certificate

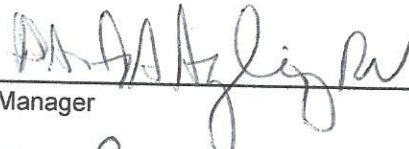
[17-1454-6]


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

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/7/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.


Compliance Manager


Primary Care Giver

5/7/18
Date

5/7/18
Date