

# Foster Family Home - Corrective Action Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-5

91-929 Pailani Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 5/28/2018

End Date: 5/28/2018

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 request to increase from 2 to 3 clients CCFFH recertification survey. Home is in compliance with all requirements and will receive a 1 year 3 client certification.

Carrie Wakai  
Compliance Manager

[Signature]  
Primary Care Giver

5-28-18  
Date

05-28-18  
Date