

Foster Family Home - Corrective Action Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

1428 Konia Street

Honolulu

HI 96817

Review ID: 1-583410-5

Reviewer: David Ayling

Begin Date: 6/19/2019

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 6/19/19.

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

David Ayling
Compliance Manager

H. Pascua
Primary Care Giver

6/19/19
Date

6/19/19
Date