

Foster Family Home - Corrective Action Report

Provider ID: 2-170007

Home Name: Kathrina Pascua, RN

Review ID: 2-170007-4

16-508 Ohe Street

Reviewer: Lori O'Keefe

Kea'au HI 96749

Begin Date: 1/21/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted for this 2 bed home. Home is requesting increase to 3 bed home. Home is in compliance for increase and has no corrections needed.

Lori O'Keefe RN
Compliance Manager

1/21/2020
Date

Kathrina Pascua
Primary Care Giver

1/21/20
Date