

Foster Family Home - Corrective Action Report

Provider ID: 1-613837

Home Name: Aprilyn Pascual, CNA

Review ID: 1-613837-6

91-946 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/22/2020

Foster Family Home Required Certificate

[11-800-6]

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

Comment:

Recertification inspection conducted for this CCFFH. Home met all temporary compliance requirements as determined during Covid-19 criteria at the time of the home inspection. No corrective action required

Jackie Chamberlain RN
Compliance Manager

4/22/2020
Date

[Signature]
Primary Care Giver

4/22/20
Date