

Foster Family Home - Corrective Action Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

Review ID: 1-583410-6

1428 Konia Street

Reviewer: Pamela Perry

Honolulu HI 96817

Begin Date: 6/29/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1)- Unannounced visit made on 6/29/2020 for a 3 bed CCFFH Annual Inspection Survey. Home in Compliance with all regulations.


Compliance Manager


Primary Care Eiver

6/30/20
Date

6/30/20
Date