

# Foster Family Home - Corrective Action Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-5

61 Hookano Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 8/20/2020

## 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 home inspection made for a 3 bed CCFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.

Requesting to increase to a 3 client home. Documents received.

  
\_\_\_\_\_  
Compliance Manager

8/20/2020  
Date

  
\_\_\_\_\_  
Primary Care Giver

8/20/2020  
Date