

Foster Family Home - Corrective Action Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

91-929 Pailani Street

Ewa Beach HI 96706

Review ID: 1-624636-7

Reviewer: Jackie Chamberlain

Begin Date: 5/11/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Home inspection made for a CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain RN
Compliance Manager

Leslie Pascual
Primary Care Giver

5/11/2020
Date

5/11/2020
Date