

Foster Family Home - Corrective Action Report

Provider ID: 1-170026

Home Name: Mario Pascual, CNA

Review ID: 1-170026-5

92-1258 Kaleo Place

Reviewer: Jackie Chamberlain

Kapolei HI 96707

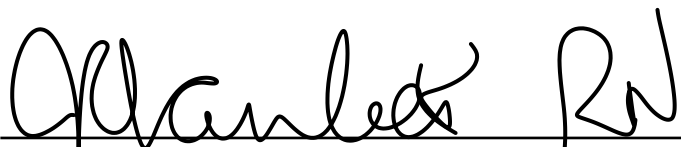
Begin Date: 3/18/2021

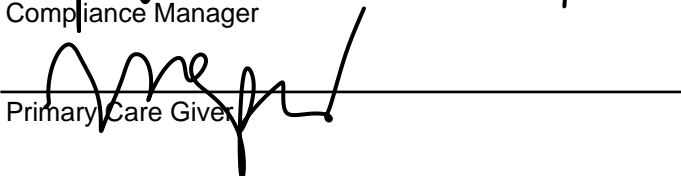
Foster Family Home **Required Certificate** **[11-800-6]**


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


Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.


Compliance Manager


Primary Care Giver


Date


Date