

# Foster Family Home - Corrective Action Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

Review ID: 1-583410-8

1428 Konia Street

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 7/2/2021

Foster Family Home

Required Certificate

[11-800-6]

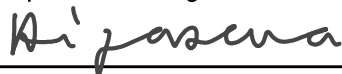
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

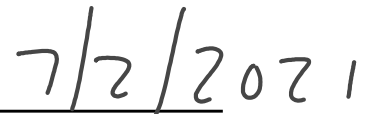
6.(d)(1) - Home inspection for a 3 person CCFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.



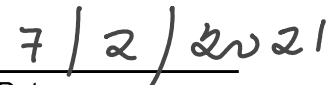
Compliance Manager



Primary Care Giver



Date



Date