

Foster Family Home - Deficiency Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-7

61 Hookano Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 9/14/2021

Foster Family Home


Required Certificate

[11-800-6]

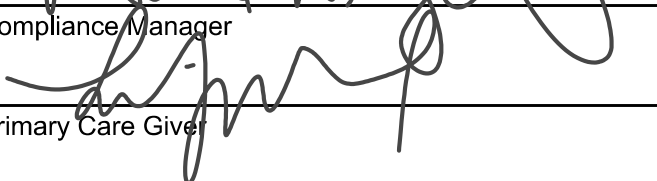
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

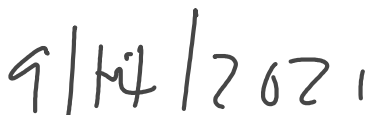
6.(d)(1) - Home inspection for a 3 person CFFH recertification. All requirements were met at the time of inspection. Home will receive a 3 bed certification.




Compliance Manager



Primary Care Giver



Date



Date