

# Foster Family Home - Deficiency Report

Provider ID: 2-170007

Home Name: Kathrina Pascua, RN

Review ID: 2-170007-8

16-508 Ohe Street

Reviewer: Terri Van Houten

Kea'au HI 96749


Begin Date: 11/18/2021

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


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

Comment:

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



Compliance Manager



Primary Care Giver

11/18/21

Date

11/18/21

Date