

Foster Family Home - Deficiency Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-10

94-234 Pupukui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/13/2022

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 recertification inspection conducted.

CCFFH met all requirements. CCFFH will receive a 2 bed certification.

■ CG requests to decrease from a 3 client to a 2 client CCFFH.

Maribel Nakamine, M 1/13/2022

Compliance Manager

Date

Felicitas G. Pascual

1/13/2022

Primary Care Giver

Date