

Foster Family Home - Deficiency Report

Provider ID: 1-170026

Home Name: Mario Pascual, CNA

Review ID: 1-170026-7

92-1258 Kaleo Place

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 3/14/2022

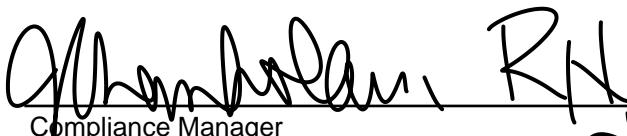
Foster Family Home **Required Certificate** **[11-800-6]**

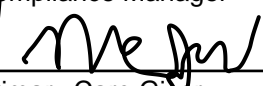
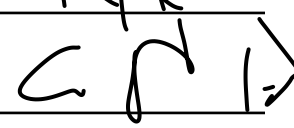
6.(d)(1) Comply with all applicable requirements in this chapter; and

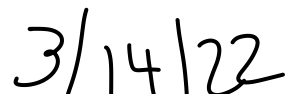
Comment:

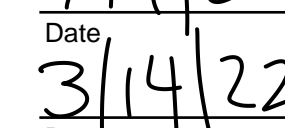
6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.


Compliance Manager

 
Primary Care Giver


Date


Date