

Foster Family Home - Deficiency Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

Review ID: 1-511510-12

99-446 Hakina Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 4/28/2022

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 is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine, RD 4/28/22
Compliance Manager Date
Adelaide Pascual 4/28/22
Primary Care Giver Date