

Foster Family Home - Deficiency Report

Provider ID: 1-613837

Home Name: Aprilyn Pascual, CNA

Review ID: 1-613837-10

91-946 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 5/23/2022

Foster Family Home

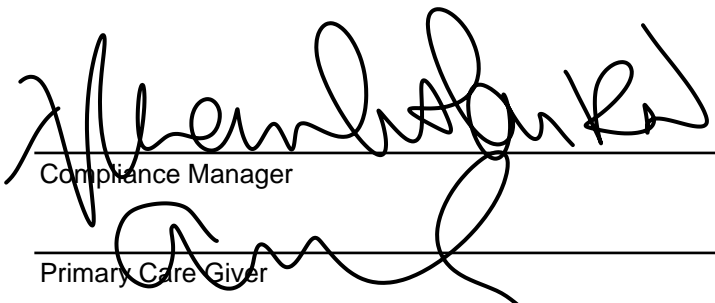
Required Certificate

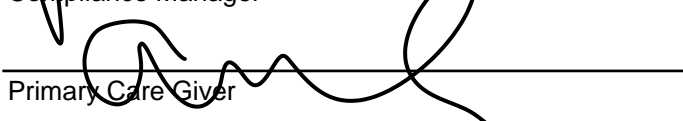
[11-800-6]

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 inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager


Primary Care Giver

5/23/22

Date
5/23/22

Date