

# Foster Family Home - Deficiency Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-11

91-929 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/10/2022

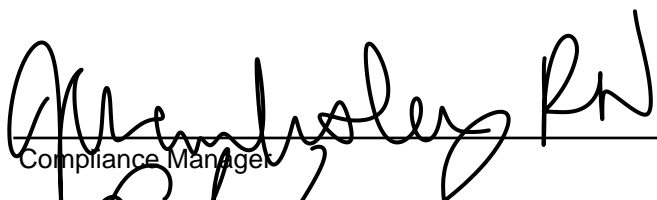
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

5/10/22  
\_\_\_\_\_  
Date

5/10/22  
\_\_\_\_\_  
Date