

Foster Family Home - Deficiency Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

Review ID: 1-583410-10

1428 Konia Street

Reviewer: Po Lim

Honolulu HI 96817

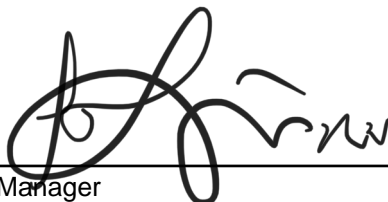
Begin Date: 5/3/2022

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


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

Comment:

6(d)(1) [REDACTED] [REDACTED] annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



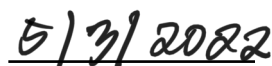
Compliance Manager



Primary Care Giver



Date



Date