

Foster Family Home - Deficiency Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-15

94-423 Hokuwala Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 8/4/2022

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 2-bed certification.

 RW 8/4/22

Compliance Manager

Date


Primary Care Giver

8/4/22

Date