

# Foster Family Home - Deficiency Report

Provider ID: 1-220066

Home Name: Norlito Pascua, NA

Review ID: 1-220066-1

94-1190 Lumikula Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/19/2022

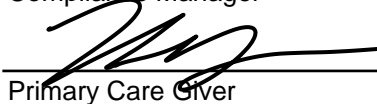
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

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Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

9/19/2022  
\_\_\_\_\_  
Date  
  
9/19/2022  
\_\_\_\_\_  
Date