

# Foster Family Home - Deficiency Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

Review ID: 1-511510-15

99-446 Hakina Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 4/18/2023

Foster Family Home

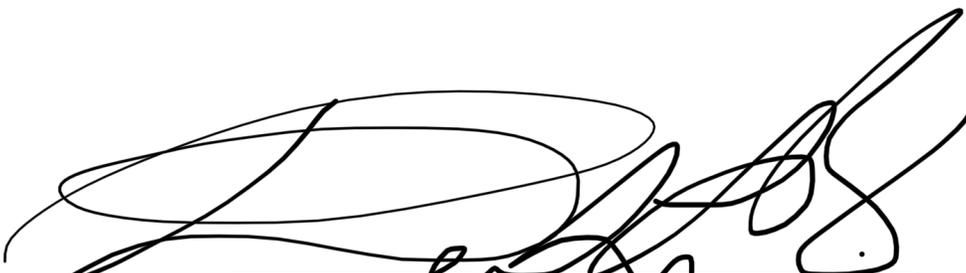
Required Certificate

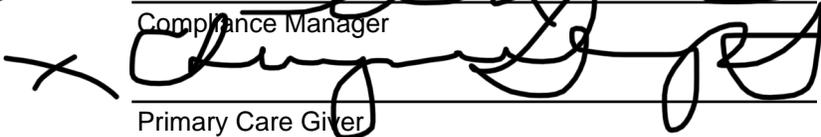
[11-800-6]

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

Comment:

6.d.1- Home visit made for a 3-bed annual inspection.  
CCFFH met all requirements at the time of the inspection.

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

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

4-18-23  
\_\_\_\_\_  
Date

4-18-23  
\_\_\_\_\_  
Date