

# Foster Family Home - Deficiency Report

Provider ID: 1-511346

Home Name: Felicitas Pascual, CNA

Review ID: 1-511346-12

94-234 Pupukui Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 1/19/2023

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

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

Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.



Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) APS/CAN check was lapsed for CG#6. APS/CAN was due on or before 11/19/2022 and is not present in the CCFFH file.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

1/19/23  
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