

Foster Family Home - Deficiency Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-13

91-929 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 4/3/2023

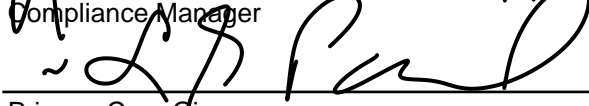
Foster Family Home **Required Certificate** **[11-800-6]**

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

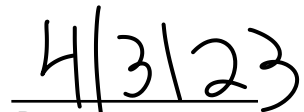
Comment:

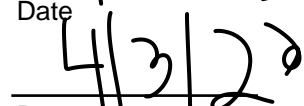
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.



Compliance Manager


Primary Care Giver



Date


Date
4/3/2023