

Foster Family Home - Deficiency Report

Provider ID: 1-230048

Home Name: Leah Emma Pascua, CNA

Review ID: 1-230048-1

94-1166 Lumikula Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/26/2023

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

David A. Ayling RN 7/26/23
Compliance Manager Date

Leah Emma Pascua
Primary Care Giver Date

7-26-23
Date