

Foster Family Home - Deficiency Report

Provider ID: 1-240003

Home Name: Katrine Pesca, CNA

Review ID: 1-240003-1

91-555 Papipi Road

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 1/19/2024

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
Compliance Manager
[Signature]
Primary Care Giver

1/19/2024
Date
1/19/2024
Date

1/19/2024 10:50:36 AM