

# Foster Family Home - Deficiency Report

Provider ID: 1-240007

Home Name: Maria Leah Pascua, CNA

Review ID: 1-240007-1

2632 California Avenue

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 1/31/2024

Foster Family Home

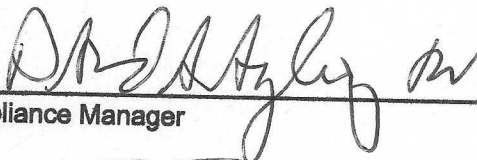
Required Certificate

[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.

  
Compliance Manager

1/31/2024  
Date

  
Primary Care Giver

01/31/2024  
Date