

Foster Family Home - Deficiency Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-15

91-929 Pailani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/9/2024

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


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

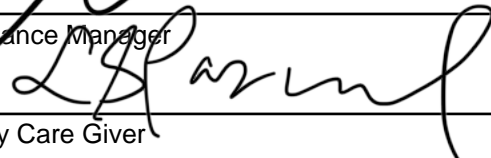
Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

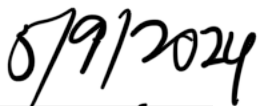
CCFFH requested to decrease from 3 beds to 2 beds.

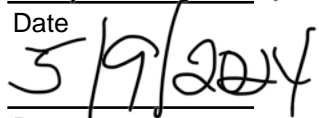
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date