

# Foster Family Home - Deficiency Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-19

94-423 Hokuala Street

Reviewer: Maribel Nakamine

Mililiani HI 96789

Begin Date: 7/30/2024

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 recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 7/30/24  
Compliance Manager Date

Josephine Pascua  
Primary Care Giver

Date

Date

7/30/24