

Foster Family Home - Deficiency Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-13

61 Hookano Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 8/6/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager

Date


Primary Care Giver

Date