

Foster Family Home - Deficiency Report

Provider ID: 2-140050

Home Name: Linus June D. Pascual, CNA

Review ID: 2-140050-17

61 Hookano Street

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 6/25/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced inspection made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of corrections due to CTA within 10 business days (issued on 6/25/26).

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

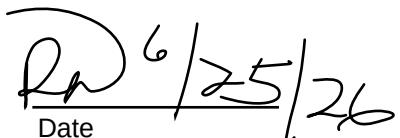
(3P)(b)(1)Fire- CCFF's last monthly fire drill completed was dated on 7/10/25. No monthly fire drill present from 8/2025 - 5/31/26.



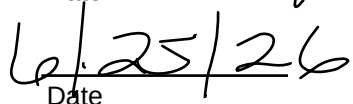
Compliance Manager



Primary Care Giver



Date 6/25/26



Date 6/25/26