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]**

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**

(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.

Maribel Nakamine RN 6/25/26

Compliance Manager Date

6/25/26

Primary Care Giver Date