

# Foster Family Home - Corrective Action Report

Provider ID: 4-594631

Home Name: Pasiana Spellicy, CNA

Review ID: 4-594631-8

182 South Papa Ave

Reviewer: David Ayling

Kahului

HI 96732

Begin Date: 8/21/2018

End Date: 8/21/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/21/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David A. Ayling  
Compliance Manager

8/21/18  
Date

Pasiana M. Spellicy  
Primary Care Giver

8/21/18  
Date