

Foster Family Home - Corrective Action Report

Provider ID: 1-210031

Home Name: Judith Pasion, NA

94-1035 Kahaulua Street

Waipahu

HI 96797

Review ID: 1-210031-1

Reviewer: David Ayling

Begin Date: 4/13/2021

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.

David Ayling RV
Compliance Manager

Spase
Primary Care Giver

4/13/2021
Date

4/13/2021
Date