

Foster Family Home - Deficiency Report

Provider ID: 4-594631

Home Name: Pasiana Spellicy, CNA

Review ID: 4-594631-19

182 South Papa Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/15/2024

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

5/15/24

Date

5/15/24

Date