

# Foster Family Home - Deficiency Report

Provider ID: 1-090066

Home Name: Freda Pasion

Review ID: 1-090066-1

94-470 Honowai Street

Reviewer: David Ayling

Waipahu HI 96797


Begin Date: 8/15/2024

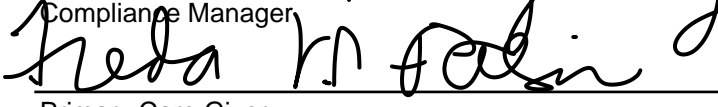
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.(d)(1) - 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.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

8/15/2024  
\_\_\_\_\_  
Date

8/15/2024  
\_\_\_\_\_  
Date