

Foster Family Home - Deficiency Report

Provider ID: 1-230091

Home Name: Kimberly Ann Pacis, CNA

Review ID: 1-230091-1

94-1279 Huakai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 12/14/2023

Foster Family Home

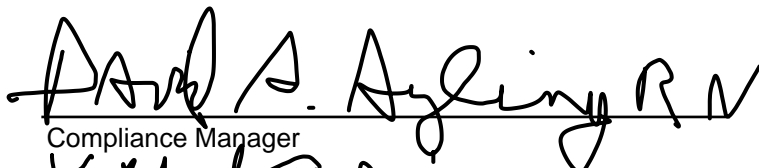
Required Certificate

[11-800-6]


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

Comment:

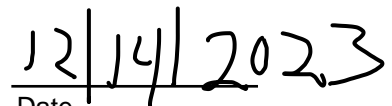
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



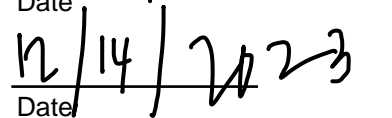
Compliance Manager



Primary Care Giver



Date



Date