

Foster Family Home - Deficiency Report

Provider ID: 1-250066

Home Name: Michelle Casey, CNA

Review ID: 1-250066-1

94-409 Kipou Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/16/2025

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

9/16/2025

Date
9/16/2025

Date
9/16/2025 12:55:21 PM