

# Foster Family Home - Deficiency Report

Provider ID: 1-210037

Home Name: Wilma Pasion, CNA

Review ID: 1-210037-12

94-284 Loaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/12/2026

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

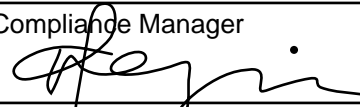
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.

  
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Compliance Manager      Date 2/12/26

  
\_\_\_\_\_  
Primary Care Giver      Date 2/12/26