

Foster Family Home - Deficiency Report

Provider ID: 4-594631

Home Name: Pasiana Spellicy, CNA

Review ID: 4-594631-22

182 South Papa Avenue

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 5/19/2026

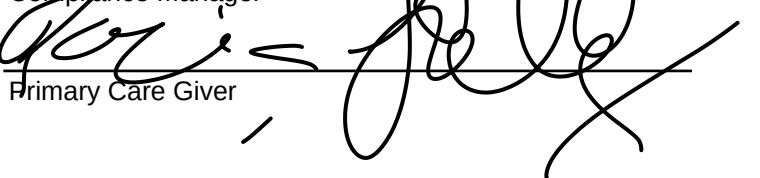
Foster Family Home	Required Certificate	[11-800-6]
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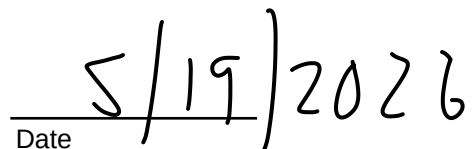
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

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


Compliance Manager


Primary Care Giver


Date 5/19/2026

Date