# Foster Family Home - Deficiency Report

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|---|---|---|---|
| **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]**

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 — Date 5/19/2026

Primary Care Giver — Date



5/19/2026 10:48:40 AM