

Foster Family Home - Corrective Action Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-1

94-460 Kahuanani Street

Reviewer: Lori O'Keefe

Waipahu HI 96797

Begin Date: 7/20/2018

End Date: 7/20/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit made for new 2 client home. Home met all compliance requirements at the time of home visit. No corrective action required. Home is eligible for 2 client 1 year certification.

Lori O'Keefe
Compliance Manager

7/20/18
Date

Ashley Tupinio
Primary Care Giver

7/20/18
Date