

# Foster Family Home - Corrective Action Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-3

94-460 Kahuanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/15/2020

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.  
Home will receive a 2 bed certification.

David Ayling RN  
Compliance Manager

and MP  
Primary Care Giver

4/15/2020  
Date

4/15/2020  
Date