

Foster Family Home - Corrective Action Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-5

94-460 Kahuanani Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/20/2021

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


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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required



Compliance Manager



Primary Care Giver

5/20/21

Date

5/20/21

Date