

Foster Family Home - Deficiency Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-7

94-460 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/18/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, a *3/18/22*

Compliance Manager

Date

Asst

Primary Care Giver

3/18/22

Date