

Foster Family Home - Deficiency Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-9

94-460 Kahuanani Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/15/2023

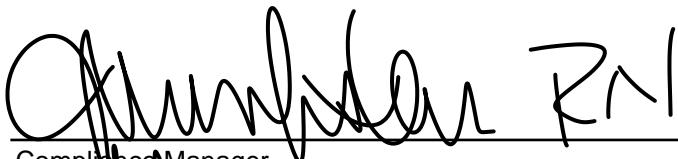
Foster Family Home **Required Certificate** **[11-800-6]**


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

Comment:

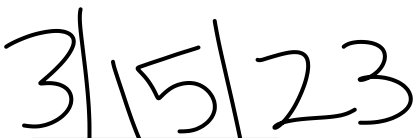
6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection.

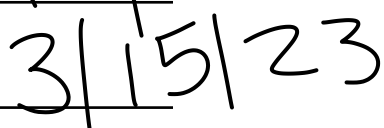
No plan of correction required.



Compliance Manager


Primary Care Giver



Date


Date