

# Foster Family Home - Deficiency Report

Provider ID: 1-210093

Home Name: Lady Anne Tagupa, CNA

Review ID: 1-210093-6

91-1010 Kupekala Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/8/2023

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

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

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date