

Foster Family Home - Deficiency Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-11

94-460 Kahuanani Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 2/16/2024

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

2/16/24
Date
2/16/24
Date