

Foster Family Home - Deficiency Report

Provider ID: 1-140005

Home Name: Shiela Marie Dupra, CNA

Review ID: 1-140005-13

94-968 Lumimoe Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 3/25/2024

Foster Family Home

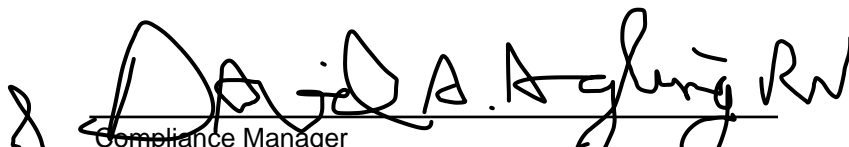
Required Certificate


[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver

3/25/2024
Date

3/25/24
Date