

Foster Family Home - Deficiency Report

Provider ID: 1-240054

Home Name: Jo-Anne Tuppal, RN

Review ID: 1-240054-1

796 Hoomalimali Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 7/31/2024

Foster Family Home

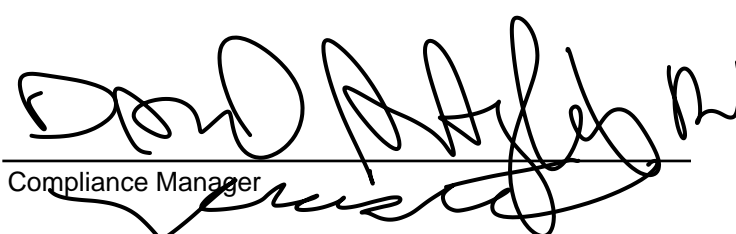
Required Certificate

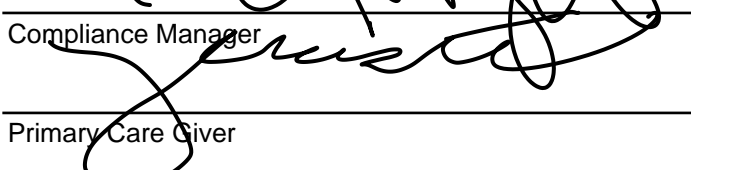
[11-800-6]

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

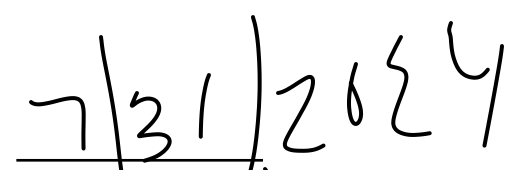
Comment:

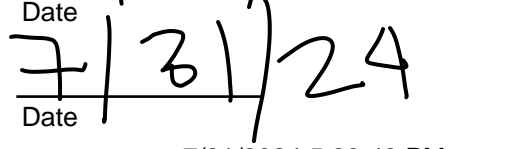
6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.



Compliance Manager


Primary Care Giver



Date


Date