

Foster Family Home - Deficiency Report

Provider ID: 1-180037

Home Name: Ashley Tupinio, NA

Review ID: 1-180037-15

94-460 Kahuanani Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/12/2026

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 for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/12/2026).

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(a)(4)(e)(g)(h)((j)(2): CTA arrived at CCFFH and greeted by HHM#2. HHM#2 stated that she was the caregiver present and that the CG#1 stepped out for lunch. There was one ambulatory client (client #2) at the CCFFH at the time of the inspection. HHM#2 was noted to not be approved by CTA as an approved substitute caregiver per CTA's internal database and CCFFH records. CTA checked all rooms of the CCFFH and found that HHM#2 was the only one present besides client #2. CG#1 and CG#2 arrived approximately 15 minutes later. CG#1 stated she was unaware that HHM#2 needed to be an approved substitute caregiver in order to watch clients for less than three hours.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#5 conducted a fire drill in the past 12 months.


Compliance Manager


Primary Care Giver

2/12/26
Date

2/12/26
Date