

Foster Family Home - Deficiency Report

Provider ID: 1-634396

Home Name: Adela R. Corpuz, CNA

Review ID: 1-634396-23

94-252 Kipou Street

Reviewer: Ryan Nakamura

Waipahu HI 96797


Begin Date: 3/12/2026

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

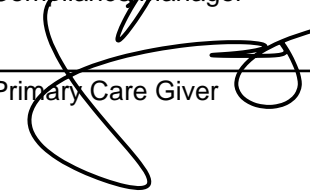
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



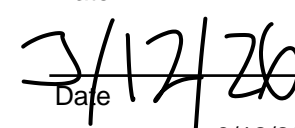
Compliance Manager



Primary Care Giver



Date



Date