

# Foster Family Home - Deficiency Report

Provider ID: 4-170041

Home Name: Desiyree L. Corpuz, CNA

Review ID: 4-170041-17

381 Naholo Circle

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 4/30/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

4/30/2026  
\_\_\_\_\_  
Date

4-30-26  
\_\_\_\_\_  
Date  
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