

Foster Family Home - Corrective Action Report

Provider ID: 2-160020

Home Name: Gina Tugade

5-1440 HPP 18th Ave

eaau HI 96749

Review ID: 2-160020-1

Reviewer:

Begin Date: 4/20/2016

End Date: 4/20/16

Foster Family Home

Required Certificate

[17-1454-6]

(d)(1) Comply with all applicable requirements in this chapter, and

comment:

Survey performed to certify two client home, new application. Home in compliance on day of survey. Corrective Action report issued with no plan of correction due to CTA. Home will be certified for one year for two clients.

Compliance Manager

GINA C. TUGADE *G. Tugade*
Primary Care Giver

4-22-16

Date

4/22/2016

Date