

Foster Family Home - Corrective Action Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

5-1440 HPP 16th Ave

Maui HI 96749

Review ID: 2-160020-2

Reviewer:

Begin Date: 2/22/2017

End Date: 2/27/17

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home is eligible for two year recertification for two clients.

Compliance Manager

GINA TUGADE /gtugade

Primary Care Giver

2/27/17  
Date

2/23/2017  
Date