

# Foster Family Home - Corrective Action Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

Review ID: 2-160020-3

15-1440 HPP 18th Ave

Reviewer: Carol Copeland

Keaau HI 96749

Begin Date: 10/25/2017 End Date: 10-27-17

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

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

Comment:

Home visit survey performed to change home to three 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 a one year recertification for three clients.

Carol Copeland RN MSW  
Compliance Manager

10-25-17  
Date

Gina C. Tugade CNA  
Primary Care Giver

10-25-17  
Date