

Foster Family Home - Corrective Action Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

151440 18th Avenue

Kea'au HI 96749

Review ID: 2-160020-5

Reviewer: Carol Copeland

Begin Date: 8/16/2018

End Date: 8/20/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland

Compliance Manager

G Tugade

Primary Care Giver

8-16-18

Date

8-16-18

Date