

Foster Family Home - Corrective Action Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

15-1440 18th Avenue

Kea'au HI 96749

Review ID: 2-160020-8

Reviewer: Jackie Chamberlain

Begin Date: 8/12/2020

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 made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the home inspection. No corrective action required

Jackie Chamberlain
Compliance Manager

8/12/2020
Date

Gina Tugade
Primary Care Giver

8/13/20
Date