

Foster Family Home - Corrective Action Report

Provider ID: 1-210030

Home Name: Jun Lynard Tugas, RN

Review ID: 1-210030-1

1211 Alewa Drive

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 4/13/2021

Foster Family Home

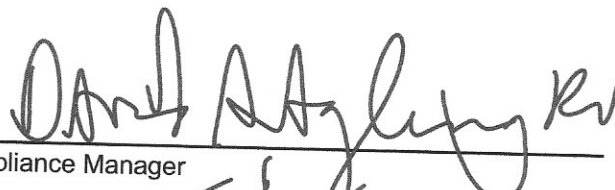
Required Certificate

[11-800-6]

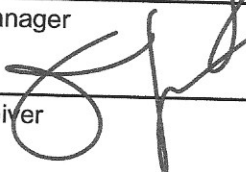
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.



Compliance Manager



Primary Care Giver

4/13/2021
Date

4/13/21
Date