

Foster Family Home - Deficiency Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

Review ID: 2-160020-10

15-1440 18th Avenue

Reviewer: Terri Van Houten

Kea'au HI 96749


Begin Date: 10/8/2021

Foster Family Home **Required Certificate** **[11-800-6]**

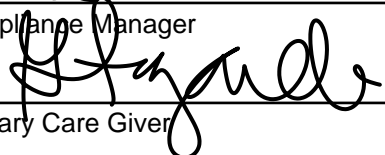
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

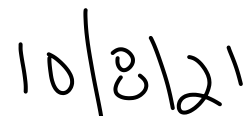
6.(d)(1) – Unannounced annual home inspection made for a 3bed CCFFH. Home met all compliance requirements at the time of the inspection. No corrective action required.




Compliance Manager



Primary Care Giver



Date



Date