

# Foster Family Home - Deficiency Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

Review ID: 2-160020-12

15-1440 18th Avenue

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 8/22/2022

**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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

David A Ayling DN      8/22/2022  
Compliance Manager      Date  
[Signature]      8/22/2022  
Primary Care Giver      Date  
8/22/2022 12:39:52 PM