

Foster Family Home - Deficiency Report

Provider ID: 1-220055

Home Name: Jocelyn Tugaoen, NA

Review ID: 1-220055-1

1207 Ahe Ahe Avenue

Reviewer: David Ayling

Wahiawa

HI

96786

Begin Date: 8/16/2022

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 new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A Ayling

Compliance Manager

Date

Date