

# Foster Family Home - Deficiency Report

Provider ID: 2-160020

Home Name: Gina Tugade, CNA

Review ID: 2-160020-15

15-1440 18th Avenue

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 7/11/2023

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

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

Comment:


6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/11/23.

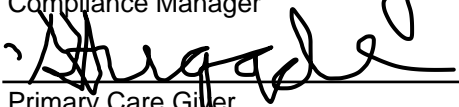
## Foster Family Home Background Checks [11-800-8]

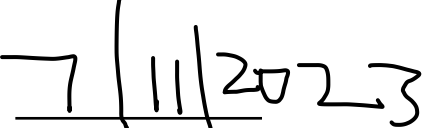
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

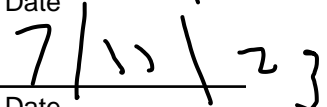
Comment:

8.(a)(1) - eCrim expired on 11/19/2022 for CG #1, CG #4 and CG #5.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date