

Foster Family Home - Corrective Action Report

Provider ID: 1-160041

Home Name: Grace Tungpalan, NA

Review ID: 1-160041-5

122 Uakanikoo Place

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 4/27/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, MA
Compliance Manager

4/27/2020
Date

Hungpalan
Primary Care Giver

4/27/2020
Date