

# Foster Family Home - Deficiency Report

Provider ID: 2-577364

Home Name: Grace Jadulang, LPN

Review ID: 2-577364-11

1674 Oneawa Way

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 3/22/2022

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

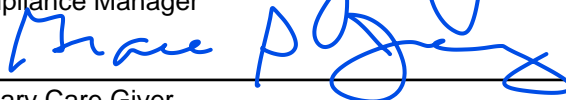
6.(d)(1)      Comply with all applicable requirements in this chapter; and

Comment:

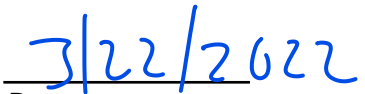
6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.



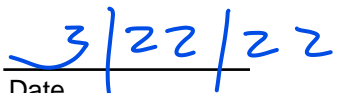
Compliance Manager



Primary Care Giver



Date



Date