

# Foster Family Home - Deficiency Report

Provider ID: 1-160041

Home Name: Grace Tungpalan, NA

Review ID: 1-160041-9

122 Uakanikoo Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

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- Unannounced recertification inspection conducted.

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

Maribel Nakamine, CW 3/22/22  
Compliance Manager Date  
Grace Tungpalan 3/22/22  
Primary Care Giver Date