

# Foster Family Home - Deficiency Report

Provider ID: 1-220070

Home Name: Alma D. Tungpalan, CNA

Review ID: 1-220070-1

91-1747 Kuapuu Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/3/2022


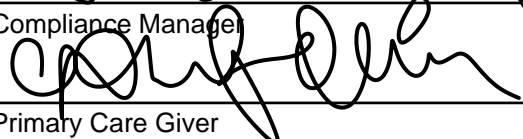
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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.

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\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/3/2022  
\_\_\_\_\_  
Date  
10/3/2022  
\_\_\_\_\_  
Date