

Foster Family Home - Deficiency Report

Provider ID: 2-577364

Home Name: Grace Jadulang, LPN

Review ID: 2-577364-13

1674 Oneawa Way

Reviewer: David Ayling

Hilo HI 96720


Begin Date: 3/16/2023

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

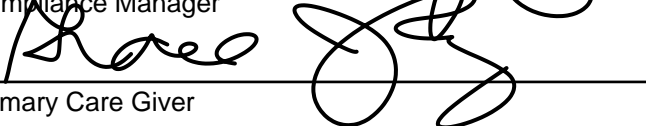
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

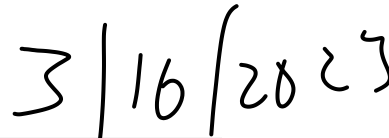
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification. CCFFH currently has no patients.



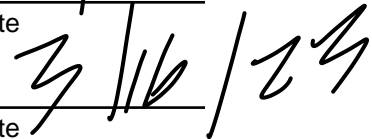
Compliance Manager



Primary Care Giver



Date



Date