

Foster Family Home - Deficiency Report

Provider ID: 1-160041

Home Name: Grace Tungpalan, NA

Review ID: 1-160041-11

122 Uakanikoo Place

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 3/22/2023

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 visit made for a 2-bed annual inspection.
CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date