

# Foster Family Home - Deficiency Report

Provider ID: 1-220070

Home Name: Alma D. Tungpalan, CNA

Review ID: 1-220070-3

91-1747 Kuapuu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/7/2023

Foster Family Home


Required Certificate

[11-800-6]

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.

  
Compliance Manager

  
Primary Care Giver

6/7/23  
Date

6/7/23  
Date