

Foster Family Home - Deficiency Report

Provider ID: 2-577364

Home Name: Grace Jadulang, LPN

Review ID: 2-577364-15

1674 Oneawa Way

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 2/7/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

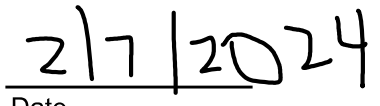
6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.



Compliance Manager



Primary Care Giver



Date



Date