

# Foster Family Home - Deficiency Report

Provider ID: 2-577364

Home Name: Grace Jadulang, LPN

Review ID: 2-577364-19

1674 Oneawa Way

Reviewer: Deborah Baumgart

Hilo HI 96720

Begin Date: 3/26/2026

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/26/26  
Date

3/26/26  
Date