

Foster Family Home - Corrective Action Report

Provider ID: 1-561284

Home Name: Melendrina Bumanglag, CNA

Review ID: 1-561284-4

94-1014 Hohola Street

Reviewer: Angelica Galindo

Waipahu

HI 96797

Begin Date: 8/9/2018

End Date:

8/09/18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/09/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Asa Galindo, RN

Compliance Manager

Judy

Primary Care Giver

8/09/18

Date

8/09/18

Date