

Foster Family Home - Deficiency Report

Provider ID: 1-634916

Home Name: Jovy Bumanglag, CNA

Review ID: 1-634916-9

86 Mahele Loop

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 2/28/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/28/2022.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

Maribel Nakamine, RN 2/28/22

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

2/28/22