

Foster Family Home - Deficiency Report

Provider ID: 1-561284

Home Name: Melendrina Bumanglag, CNA

Review ID: 1-561284-10

94-1014 Hohola Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/24/2022

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.

CCFFH is in compliance with all requirements. CCFFH will receive a 3-bed certification.

Maribel Nakamine RN 8/24/22

Compliance Manager Date

[Signature] 8/24/22

Primary Care Giver Date