

Foster Family Home - Deficiency Report

Provider ID: 1-170088

Home Name: D.M. Karla Bumanglag, RN

Review ID: 1-170088-9

94-440 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

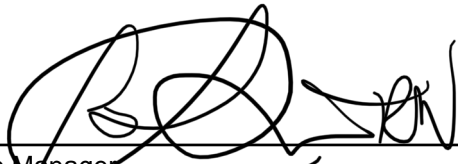
Begin Date: 10/31/2022

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 made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

10/31/22
Date

10/31/2022
Date