

Foster Family Home - Deficiency Report

Provider ID: 1-634916

Home Name: Jovy Bumanglag, CNA

Review ID: 1-634916-11

86 Mahele Loop

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 2/8/2023

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

Date 2/8/23
Date 2/8/23