

# Foster Family Home - Deficiency Report

Provider ID: 1-561284

Home Name: Melendrina Bumanglag, CNA

Review ID: 1-561284-12

94-1014 Hohola Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797


Begin Date: 6/26/2023

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

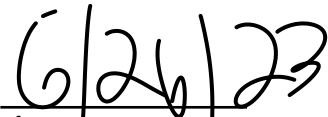
6.(d)(1)      Comply with all applicable requirements in this chapter; and

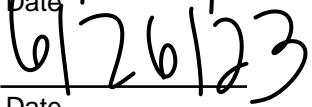
Comment:

6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No plan of correction required.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date