

Foster Family Home - Deficiency Report

Provider ID: 1-634916

Home Name: Jovy Bumanglag, CNA

Review ID: 1-634916-13

86 Mahele Loop

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 1/19/2024


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

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

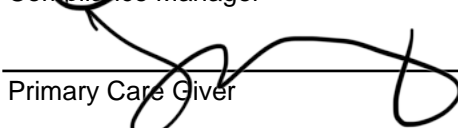
Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager



Primary Care Giver



Date



Date