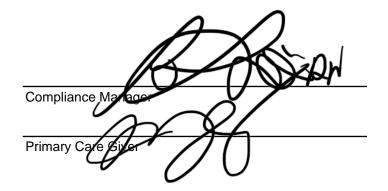
Foster Family Home - Deficiency Report					
Provider ID:	1-561284				
Home Name:	Melendrina Bumanglag, CNA		Review ID:	1-561284-14	
94-1014 Hohola Street			Reviewer:	Po Lim	
Waipahu	HI	96797	Begin Date:	6/27/2024	
Foster Family Home Required Certificat			ate	[11-800-6]	
6.(d)(1) Comply with all applicable 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.



6/27/2024 2:11:35 PM