

# 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 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