

# Foster Family Home - Deficiency Report

Provider ID: 1-561284

Home Name: Melendrina Bumanglag, CNA

Review ID: 1-561284-16

94-1014 Hohola Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date:

7/24/2025

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

  
Date