

Foster Family Home - Deficiency Report

Provider ID: 1-250047

Home Name: Sharika Mae Acosta-Bumanglag, LPN

Review ID: 1-250047-1

94-959 Awanani Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 7/29/2025

Foster Family Home


Required Certificate


[11-800-6]

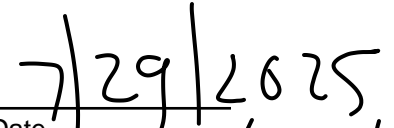
6.(d)(1) Comply with all applicable requirements in this chapter; and

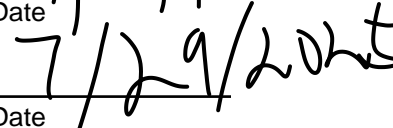
Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.


Compliance Manager


Primary Care Giver


Date


Date