

Foster Family Home - Deficiency Report

Provider ID: 1-634916

Home Name: Jovy Bumanglag, CNA

Review ID: 1-634916-17

86 Mahele Loop

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 1/12/2026

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 CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver

1/12/26
Date
1/12/26
Date