

Foster Family Home - Deficiency Report

Provider ID: 1-250110

Home Name: Julius D. Bumanglag, CNA

Review ID: 1-250110-1

91-1367 Maliko Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

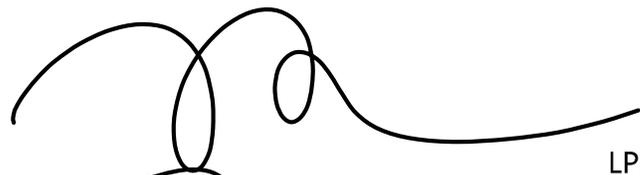
Begin Date: 2/26/2026

Foster Family Home **Required Certificate** **[11-800-6]**

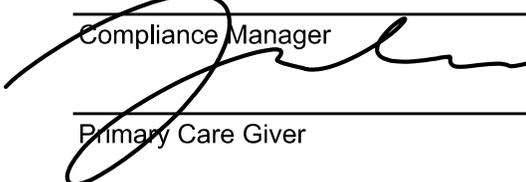
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager LPN



Primary Care Giver

02/26/2026
Date

02/26/2026
Date