

Foster Family Home - Deficiency Report

Provider ID: 1-591364

Home Name: Lourdes Bumanglag, CNA

Review ID: 1-591364-18

2423 A Rose Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/31/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/31/25).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- No sex offender search results for CG#1, CG#2, CG#3, CG#4, HHM#1, and HHM#6.

8.(a)(1), (2)- CG#1's APS/CAN/Ecrim lapsed on 8/25/2; CG#2' APS/CAN lapsed on 5/25/24 and was renewed on 10/10/24 and Ecrim lapsed on 6/1/24 and was not renewed until 9/26/24; CG#3 and CG#4 without any Fingerprint results; and HHM#6's APS/CAN lapsed on 5/22/25 and no current result was present.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#6.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(2)- No Prometric Registry check result present for CG#1.

41.(b)(7)- CG#3's TB clearance lapsed on 10/24/24 and no current document was present.

41.(b)(8)- CG#1's CPR/basic first aid certification lapsed on 10/15/25; CG#2, CG#3, and CG#4's CPR/basic first aid certifications lapsed on 10/18/25. All were without the current documents present.

41.(b)(8)- CG#1's bloodborne pathogen and infection control certification lapsed on 10/7/25 and CG#2, CG#3, and CG#4's lapsed on 10/5/25. All were without the current documents present.

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Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH 's General Liability insurance policy lapsed on 10/9/24 an no current document was present.

Marilyn Robinson RA 10/31/25
Compliance Manager Date

[Signature] 10/31/25
Primary Care Giver Date

CTA RN Compliance Manager: ~~Susan Young (CTA Exec Admin Assistant)~~ MARIBEL NAKAMINE, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Lourdes Bumanglag
(PLEASE PRINT)

CCFFH Address: 2423A Rose Street Honolulu, HI 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Evidence provided in the CTA binder regarding sex offender search results for CG#1 on 12/3/2025, CG#2 on 1/23/2026, CG#3 on 12/7/2025, CG#4 on 12/3/2025, HHM#1 on 12/3/2025, and HHM#6 on 12/3/2025. This cures the deficiency report dated 10/31/2025.	1/23/26	Get help from someone to log on the computer to search and obtain sex offender results; set an alarm one month before deadline. Website: https://sexoffenders.ehawaii.gov/ ; setting 1 mile radius
8.(a)(2)	Found CG3 Fingerprint. Removed CG 4 SCG	1/23/26	Get help from someone to log on the computer to search and obtain APS/CAN results from https://hawaii.fieldprint.com and ECrim results from https://ecrim.ehawaii.gov/ ; set an alarm one month before deadline, every other year.

All items that were corrected are attached to this POC

PCG's Signature: *Lourdes Bumanglag*

Date: 1/28/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Susan Young (GTA Exec Admin Assistant) - MARIBEL NAKAMINE, RN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Lourdes Bumanglag
(PLEASE PRINT)

CCFFH Address: 2423A Rose Street Honolulu, HI 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.(b)(5)	Evidence provided in the CTA binder regarding presentation of confidentiality policies and procedures and client privacy training to HHM#6.	1/28/26	When there is a new substitute caregiver or household member, I must train with a presentation of confidentiality polices and procedures for client privacy.
41.(a)(2)	Evidence provided in the CTA binder of Prometric Registry check result for CG#1.	1/24/26	Set an alarm to print a result copy every year.
41.(b)(7)	Evidence provided in the CTA binder regarding CG#3 TB Clearance Screening Date 9/23/2025.	1/24/26	Set an alarm two weeks before 9/23/2026 (expires after 1 year).
41.(b)(8)	Evidence provided in the CTA binder of CPR/basic first aid certification for CG#1, 2, 3, & 4. Evidence provided in the CTA binder of bloodborne pathogen and infection control certification for CG#1, 2, 3, & 4.	1/28/26	Set an alarm two weeks before 11/15/2027 expiration of CPR/basic first aid certification and 1/28/2027 for the bloodborne pathogen and infection control certification expiration.
51.(a)(1)	Evidence provided in the CTA binder of certificate of liability insurance dated 10/13/2025.	1/24/26	Set an alarm two weeks before expiration on 10/9/2026 to renew policy.

All items that were corrected are attached to this POC

PCG's Signature: *Lourdes Bumanglag*

Date: 1/28/2026

CTA has reviewed all corrected items