

# Foster Family Home - Deficiency Report

Provider ID: 1-250009

Home Name: Victorea Teresita Bumanglag, CNA

Review ID: 1-250009-3

91-617 Kilipoe Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 12/23/2025

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/23/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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) CNA Prometric registry check are not present for CG#1 and #3.

41.b.4 No disclosure form present for CG#2, #3, #4, and #5.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#2 and CG#4. CPR/First Aid/Bloodborne Pathogen/Infection control Training are not present in their file.

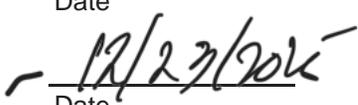
## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 and Client #2 for CG# 2, #4, and #5.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: SUSAN YOUNG PO LIM, RN

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

PCG's Name on CCFFH Certificate: VICTORIA TERESITA BUMANGLAG  
(PLEASE PRINT)

CCFFH Address: 91-617 KILIPAE ST EWA BEACH 96706  
(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?  |
|-------------|---|-------------------------------|--|
| 41(a)(2)    | CNA Prometric registry has been checked for CG #2 & CG #3 and place home record.  | 2/26/26                       | ALL CG and future will be checked CNA prometric registry on HAWAII REGISTRY VERIFICATION Report on the Website, and place in home record.                    |
| 41(b)(4)    | DISCLOSURE FORM has been signed CG #2, CG #3, CG #4 & CG #5 and place home Record                                       | 2/26/26                       | pcg will checked and make sure all CG has disclosure form and signed, and checked table of content for any doc. of each CG.                                  |
| 41(b)(5)    | CPR/FRST AID/Bloodborne pathogen & infection control training for CG #2, CG #4 has been obtained and placed home record | 2/26/26                       | Frequent checking of document training to ensure all CG are up to date with training, make a calendar and notify CG 4 wks before the due date and remind CG. |
| 43(c)(2)    | RN Delegation, per client #1 & client #2 for CG #2 CG #4 & CG #5  | 2/26/26                       | inform RN case manager to delegate every CG immediately after receiving new doctor's order to every client   |

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 2/26/26

CTA has reviewed all corrected items