

Foster Family Home - Deficiency Report

Provider ID: 1-250047

Home Name: Sharika Mae Acosta-Bumanglag, LPN

Review ID: 1-250047-3

94-959 Awanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/7/2026

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 inspection made for a 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 4/7/26).

6.d.1- Client #1's 1147 document dated 11/20/25-11/20/26 was not signed by the client's MD/PCP. Client #2's 1147 expired on 2/25/26 and no current document was present.

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

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

Comment:

41.(b)(7)- CG#4 (5/27/25) and CG#6's (6/16/25) TB clearances were not documented on DOH approved forms.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 and CG#6 were without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy document expired on 8/19/25 and no current policy was present.

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Foster Family Home

Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


54.(c)(5) Medication schedule checklist;

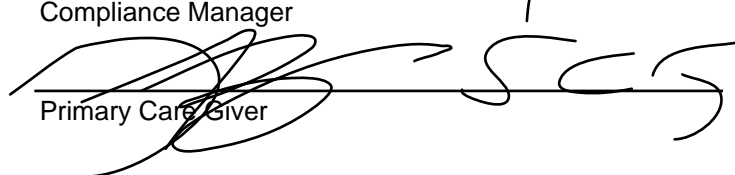
Comment:

54.(a)(3)- No list of community resources present in the CCFFH.

54.(c)(2)- Client #2's Service Plan/HAP dated 10/27/25 without the client's/POA's signature.

54.(c)(5)- Client #1's Medication Administration Record (MAR) for the month of April 2026 was incomplete. Senna medication for pm doses were not signed from 4/3/26-4/6/26. Refresh pm medication was not signed from 4/1/26-4/6/26. Client #2 without the April 2026 MAR.


Compliance Manager


Primary Care Giver

Date 4/7/26
Date 4/7/26