

Foster Family Home - Deficiency Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-9

95-676 Lauawa Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 7/14/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine, RN 7/14/2021
Compliance Manager Date
Eliza Bonilla 7/14/2021
Primary Care Giver Date