

# Foster Family Home - Deficiency Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

Review ID: 1-561276-10

94-1091 Hapalima Place

Reviewer: Adrienne Kolo

Waipahu HI 96797

Begin Date: 3/14/2022

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

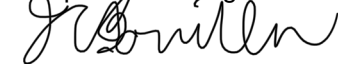
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

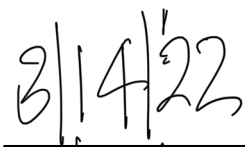
6.(d)(1) - Home inspection for a 3 person CCFFH recertification. All requirements were met at the time of inspection.



Compliance Manager



Primary Care Giver



Date



Date