

Foster Family Home - Deficiency Report

Provider ID: 1-150032

Home Name: Lexter Bonquin, CNA

Review ID: 1-150032-9

1733 Apaki Street

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 4/18/2022

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 recertification inspection conducted.

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

Maribel Nakamine, M

4/18/22

Compliance Manager

Date

Joy Turkey
Primary Care Giver

SCG for Lexter Bonquin

Date

4/18/22