

# Foster Family Home - Deficiency Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-11

95-676 Lauawa Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 7/26/2022

**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- Unannounced annual inspection conducted. No deficiencies found.

CCFFH is in compliance with all requirements.

Maribel Nakamine, CW      7/26/22  
Compliance Manager      Date  
Eliza Bonilla      7/26/22  
Primary Care Giver      Date