

Foster Family Home - Deficiency Report

Provider ID: 1-150032

Home Name: Lexter Bonquin, CNA

Review ID: 1-150032-11

1733 Apaki Street

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 4/21/2023

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 visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.

Compliance Manager

Primary Care Giver

Date

Date