

# Foster Family Home - Deficiency Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-13

95-676 Lauawa Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 6/5/2023


**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 visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

  
\_\_\_\_\_  
Compliance Manager

6/5/23  
Date

  
\_\_\_\_\_  
Primary Care Giver

6-5-23  
Date