

Foster Family Home - Deficiency Report

Provider ID: 1-510009

Home Name: Eliza Bonilla, CNA

Review ID: 1-510009-15

95-676 Lauawa Street

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 6/7/2024

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 inspection.

Maribel Nakamine, RN 6/7/24
Compliance Manager Date
[Signature] 6/7/24
Primary Care Giver Date