

# Foster Family Home - Deficiency Report

Provider ID: 1-210083

Home Name: Grace M. Bunao, NA

Review ID: 1-210083-7

86-240 Leihua Street

Reviewer: Maribel Nakamine

Waianae HI 96792

Begin Date: 8/26/2024

**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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN      8/26/24  
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Compliance Manager      Date: 8/26/24  
\_\_\_\_\_  
Primary Care Giver      Date: 8/26/24