

Foster Family Home - Deficiency Report

Provider ID: 1-562505

Home Name: Bonifacio Tan, CNA

Review ID: 1-562505-16

4033 Keaka Drive

Reviewer: Deborah Baumgart

Honolulu HI 96818

Begin Date: 9/8/2025

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

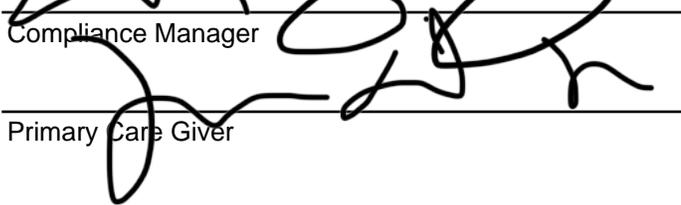
Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



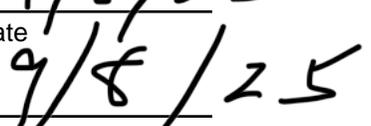
Compliance Manager



Primary Care Giver



Date



Date