

# Foster Family Home - Deficiency Report

Provider ID: 1-210083

Home Name: Grace M. Bunao, NA

Review ID: 1-210083-9

86-240 Leihua Street

Reviewer: Deborah Baumgart

Waianae HI 96792

Begin Date: 10/21/2025

## 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 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/21/2025)

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#2 Ecrim lapsed on 9/30/2025 with no current results present in binder. HHM#1 APS/CAN lapsed 8/30/2024 and was done 7/10/2025.

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

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

10/21/25  
Date

10/21/25  
Date