

Foster Family Home - Deficiency Report

Provider ID: 4-100012

Home Name: Julie Bonilla, CNA

Review ID: 4-100012-24

1025 Kokomo Road

Reviewer: David Ayling

Haiku

HI 96708

Begin Date: 11/13/2025

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/13/25.

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) - No Sex Offender checks found in ccffh binder for CG #1, CG #2, CG #3, CG #4, and HHM #1.


8.(a)(2) - APS/CAN expired on 1/10/25 for CG #3 and CG #4.

Foster Family Home Personnel and Staffing [11-800-41]

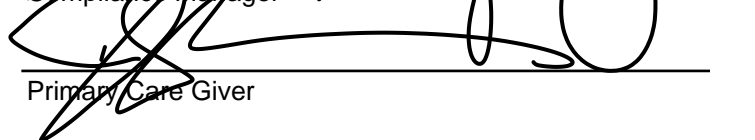
41.(a)(2) Be a NA, an LPN, or RN;

Comment:

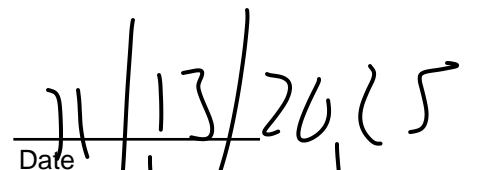
41.(a)(2) - No current CNA Prometric Registry checks found in CCFFH binder for CG #1, CG #2, CG #3, and CG #4.



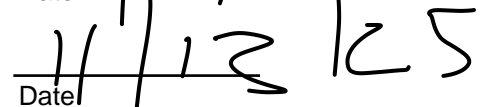
Compliance Manager



Primary Care Giver



Date



Date