Foster Family Home - Deficiency Report

Provider ID:	**1-562505**		
Home Name:	**Bonifacio Tan, CNA**	**Review ID:**	**1-562505-18**
4033 Keaka Drive		Reviewer:	David Ayling
Honolulu HI 96818		Begin Date:	6/16/2026

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. Currently has no clients. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

Compliance Manager Date 6/16/26

Primary Care Giver Date 6-16-2026