Foster Family Home - Deficiency Report

Provider ID:	**1-240085**		
Home Name:	**Flordeliza Bonilla, NA**	**Review ID:**	**1-240085-5**
2211 Kalihi Street		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	6/9/2026

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

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

Comment:

6.d.1- Unannounced inspection made for a 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 6/9/26).

6.d.1- Client #1's 1147 dated 7/8/25-7/8/26 without the client's MD's signature.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- CG#3's TB clearance expired on 5/10/26 and no current document was present.
41.(b)(8)- CG#2's bloodborne pathogen and infection control document expired on 5/19/26 and no current document was present. CG#3's CPR/First expired on 4/13/26 and no current certification was present.

Foster Family Home — Quality Assurance — [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home — Records — [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP dated 1/25/26 without the POA's signature.

Compliance Manager — Date 6/9/26

Primary Care Giver — Date 6/9/26

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