

# Foster Family Home - Deficiency Report

Provider ID: 1-180056

Home Name: Amado Bermuda, Jr., NA

Review ID: 1-180056-7

91-803 Aama Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


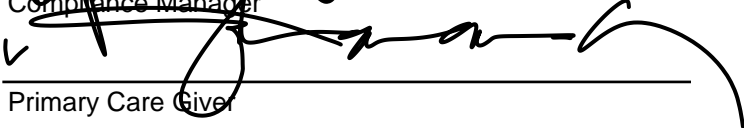
Begin Date: 8/11/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date