

Foster Family Home - Deficiency Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-8

3423 Likini Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 12/2/2021

Foster Family Home

Required Certificate


[11-800-6]

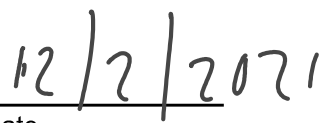
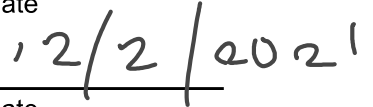
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Annual unannounced inspection made today. Completed annual review. No deficiencies.


Compliance Manager


Primary Care Giver


Date

Date