

Foster Family Home - Deficiency Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-12

92-790 Paakai Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 4/25/2022

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 re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.


No Deficiency Report issued.




Compliance Manager



Primary Care Giver



Date



Date