

Foster Family Home - Deficiency Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-10

94-849 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/9/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, RW 8/9/22

Compliance Manager

Date

Bernadette Vera

8/9/22

Primary Care Giver

Date