

# Foster Family Home - Deficiency Report

Provider ID: 1-180056

Home Name: Amado Bermuda, Jr., NA

Review ID: 1-180056-8

91-803 Aama Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 9/6/2022

## 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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 10/06/2022. (30 days from the date the CCFFH is given their deficiency report).

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.2. HHM#1 and #2 have expired APS, CAN on 10/18/2021, no new present.

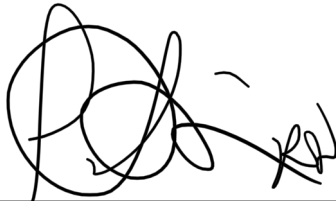
## Foster Family Home Personnel and Staffing [11-800-41]


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


Comment:

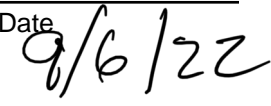
41.b.7 CG#1 TB expired on 1/9/2022, and no new present.

41.f.1. HHM #1, #2 TB expired 1/9/22 and 2/3/22, respectively. No new present for both.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date