

Foster Family Home - Deficiency Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-10

3423 Likini Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 10/18/2022

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 11/19/2022. (30 days from the date the CCFFH is given their deficiency report).

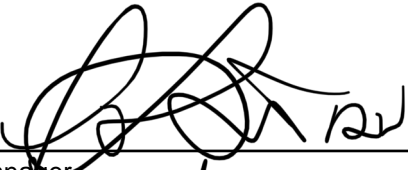
Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

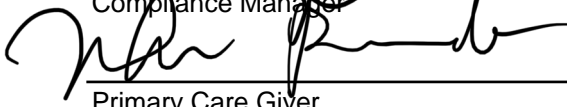
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

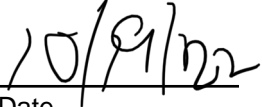
8.a.1. And 8.a.2 HHM #4 and #5 did not meet the 2 sets of APS, CAN and Fingerprints within the 12 months periods.



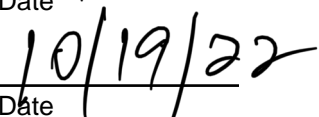
Compliance Manager



Primary Care Giver



Date



Date