

Foster Family Home - Deficiency Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-14

92-790 Paakai Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 3/28/2023

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

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

Comment:

6.d.1- Home visit made for a 2-bed annual inspection.
CCFFH met all requirements at the time of the inspection.



Compliance Manager

Primary Care Giver

3/28/23
Date
3/28/23
Date