

Foster Family Home - Deficiency Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-12

94-930 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/19/2023

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN *4/19/23*

Compliance Manager Date

Clemencia C. Bermejo *4/19/23*

Primary Care Giver Date