

# Foster Family Home - Deficiency Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-12

94-849 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/25/2023

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

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

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Comment:

6.d.1- Unannounced visit made for a 2-bed annual inspection.

CCFFH met all requirements at the time of inspection.

*Maribel Nakamine, RN*

\_\_\_\_\_  
Compliance Manager

*PV*

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

*7/25/23*

\_\_\_\_\_  
Date

*7/25/23*

\_\_\_\_\_  
Date