

Foster Family Home - Deficiency Report

Provider ID: 1-160082

Home Name: May Bernal, CNA

Review ID: 1-160082-12

503 Kulia Street

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 8/23/2023

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 annual inspection.

CCFFH met all requirements at the time of the inspection

PCG requests to increase to 3-bed CCFFH



Compliance Manager



Primary Care Giver

8/23/23

Date

8/23/23

Date