

Foster Family Home - Deficiency Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA

Review ID: 1-150066-14

94-849 Lumiiki Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/13/2024


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 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection.



Compliance Manager



Primary Care Giver

6/13/24
Date

6/13/24
Date