

Foster Family Home - Deficiency Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-14

3423 Likini Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 9/19/2024

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 annual inspection.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date