

# Foster Family Home - Deficiency Report

Provider ID: 1-180056

Home Name: Amado Bermuda, Jr., NA

Review ID: 1-180056-16

91-803 Aama Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/24/2025

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date