Foster Family Home - Deficiency Report

Provider ID: 1-150066

Home Name: Bernadette Vera, CNA Review ID: 1-150066-16

94-849 Lumiiki Street Reviewer: Deborah Baumgart

Waipahu HI 96797 Begin Date: 7/21/2025

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 visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/21/2025)

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG# 1, CG#2, CG#3 and HHM# 1 no sex offender checks present in binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

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41.(a)(2)-CG# 1 and CG# 2 no CNA registry checks in binder.

Compliance Manager

Primary Care Giver

Date Date

7/21/2025 1:29:21 PM

CTA RN Compliance Manager: Deborah Baungar

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate: Der nadeHU Ve

CCFFH Address: 94-849 Lumiki of Waipahu HI 9679

All items that were corrected are attached to this POC

PCG's Signature:

Date: 8 7 7025

CTA has reviewed all corrected items