

Foster Family Home - Deficiency Report

Provider ID: 1-160082

Home Name: May Bernal, CNA

Review ID: 1-160082-16

503 Kulia Street

Reviewer: Deborah Baumgart

Wahiawa HI 96786

Begin Date: 8/7/2025

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 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 08/07/2025)

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


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


41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

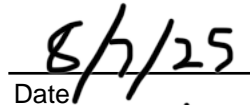
Comment:

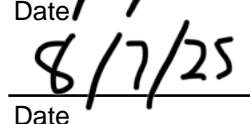
41.(a)(2)-CG#1 and CG#3 with no CNA registry checks in binder.

41.(b)(7)-CG#1 TB clearance lapsed 6/28/2025 with no current results in binder.


Compliance Manager


Primary Care Giver


Date


Date