

Foster Family Home - Deficiency Report

Provider ID: 1-560517

Home Name: Bernadette Firme, CNA

Review ID: 1-560517-19

99-421 Aheahe Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 1/6/2026

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 re-certification inspection.

Client#2 Form 1147 expired on 12/17/2025. No new present in the file.

Deficiency Report issued during CCFFH inspection via email on 1/6/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)
Second Fingerprint check is overdue for CG#5, was due on/before 6/15/2024.

8(a)(2) APS/CAN checks were overdue for HHM#1.
APS/CAN was due on or before 3/9/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for HHM#1. State Name Check (eCrim) was due on or before 3/6/2025 and was not present in the CCFFH file.

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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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CG#1 CNA license expired on 8/31/2024.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4 and CG#5.
CG#4 TB clearance expired, was due on/before 11/12/2024.
CG#5 TB clearance expired, was due on/before 5/1/2025.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4. It was due on/before 12/22/2025.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly.
CCFFH December 2025 fire drill is not present on the file.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 1/21/2025.

Compliance Manager

Primary Care Giver

Date

Date

1/6/2026

1/6/2026