

# Foster Family Home - Deficiency Report

Provider ID: 1-561078

Home Name: Louie Bernardo, CNA

Review ID: 1-561078-16

3423 Likini Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 11/6/2025

Foster Family Home

Required Certificate

[11-800-6]

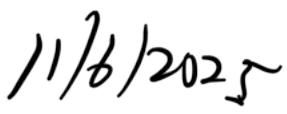
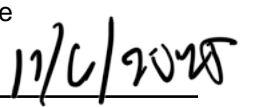
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

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