

Foster Family Home - Deficiency Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-20

92-790 Paakai Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 3/30/2026

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 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/30/2026)


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 and CG#2 Ecrim expired 2/2/2026 with no current results in binder.



Compliance Manager


Primary Care Giver

3/30/26

Date
3/30/26

Date