

Foster Family Home - Deficiency Report

Provider ID: 1-513243

Home Name: Clemencia Bermejo, CNA

Review ID: 1-513243-18

94-930 Hiapo Street

Reviewer: Deborah Baumgart

Waipahu

HI

96797

Begin Date: 6/18/2026

Foster Family Home	Required Certificate	[11-800-6]
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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 10 business days of inspection (issued on 06/18/2026)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

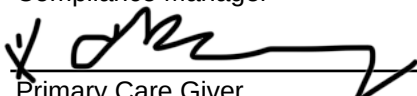
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#1, CG#2,CG#3,CG#4 and CG#5 APS/CAN lapsed 1/12/2026 and was done 1/20/2026.

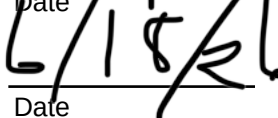
CG#1, CG#2,CG#3,CG#4 and CG#5 Ecrim lapsed 1/6/2026 and was done 1/12/2026.



Compliance Manager


Primary Care Giver



Date


Date