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]**

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]**

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 Date 6/18/26

Primary Care Giver Date 6/18/26