

# Foster Family Home - Corrective Action Report

Provider ID: 1-586977

Home Name: Abundia Tagaro, CNA

92-522 Awawa Street

Kapolei

HI 96707

Review ID: 1-586977-2

Reviewer: [REDACTED]

Begin Date: 2/24/2015

End Date:

2/24/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for recertification review of 3 client home on 2/24/14. All requirements met at time of review. Eligible for 2 year certification.

[REDACTED]  
Compliance Manager

Abundia K. Tagaro CNA  
Primary Care Giver

2/24/15  
Date

2/24/15  
Date