

# Foster Family Home - Corrective Action Report

Provider ID: 1-586977

Home Name: Abundia Tagaro, CNA

Review ID: 1-586977-3

92-522 Awawa Street

Reviewer:

Kapolei HI 96707

Begin Date: 2/20/2017

End Date: 2/21/2017

**Foster Family Home**      **Required Certificate**      **[17-1454-6]**

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

Comment:

Home visit made on 2/20/2017 for a 3 person CCFFH recertification review.

6(d)(1)-Home is in compliance with all requirements. Home will receive a 3 person 2 year certification.

Compliance Manager

*Abundia M. Tagaro*  
ABUNDIA TAGARO

Primary Care Giver

Date

*2/20/2017*

Date