

Foster Family Home - Deficiency Report

Provider ID: 1-586977

Home Name: Abundia Tagaro, CNA

Review ID: 1-586977-13

92-522 Awawa Street

Reviewer: Deborah Baumgart

Kapolei HI 96707

Begin Date: 1/9/2024

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.

CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver

Date
1/9/24

Date
1/9/24