

Foster Family Home - Deficiency Report

Provider ID: 1-562969

Home Name: Trina Abrigo, CNA

Review ID: 1-562969-19

94-1128 Kahuahale Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/25/2025

Foster Family Home	Required Certificate	[11-800-6]
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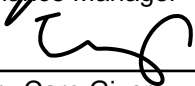
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager



Primary Care Giver



Date



Date