

Foster Family Home - Deficiency Report

Provider ID: 1-586977

Home Name: Abundia Tagaro, CNA

Review ID: 1-586977-17

92-522 Awawa Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 1/29/2026


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 recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.



Compliance Manager Date 1/29/26



Primary Care Giver Date 1/29/26