

Foster Family Home - Deficiency Report

Provider ID: 2-596463

Home Name: Norma Subia Tagatac, LPN

Review ID: 2-596463-29

17-209 Palaai Street Bldg. 2

Reviewer: Po Lim

Kea'au HI 96749

Begin Date: 2/26/2026

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 inspection made for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 2/26/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home Personnel and Staffing [11-800-41]


41.(b)(3) Be able to communicate, read, and write in the English language;

Comment:

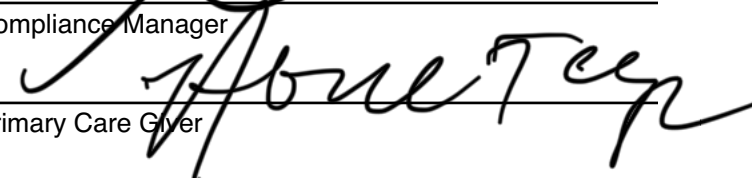
41.b.3 No disclosure form present for CG#4.



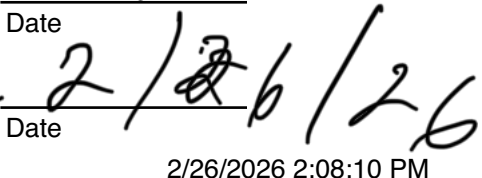
Compliance Manager



Date



Primary Care Giver



Date