

# Foster Family Home - Deficiency Report

Provider ID: 1-160046

Home Name: Virgie Garo, CNA

Review ID: 1-160046-18

57 Lauone Loop

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 3/5/2026

**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 for a 3 bed CCFFH re-certification.

CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date