

# Foster Family Home - Deficiency Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-20

1825 Ashford Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/9/2025

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.

Maribel Nakamine, RN 10/9/25  
Compliance Manager Date  
Erma Tagaca  
Primary Care Giver Date  
10/9/25