

Foster Family Home - Deficiency Report

Provider ID: 1-210035

Home Name: Princess Abarca, CNA

Review ID: 1-210035-12

94-633 Kaiewa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/11/2026

Foster Family Home **Required Certificate** **[11-800-6]**


6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

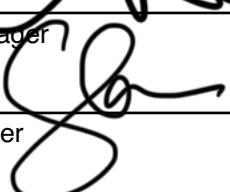
6(d)(1) Unannounced inspection for a 3 bed CCFFH re-certification.

CCFFH is applying for increase from 2 beds to 3 beds.

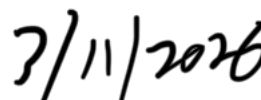
CCFFH met all requirements at the time of the inspection.



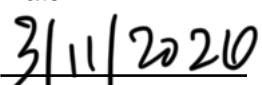
Compliance Manager



Primary Care Giver



Date



Date