

Foster Family Home - Corrective Action Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-8

94-1496 Kahualoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/21/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

No deficiencies found.

Maribel Nakamine, RN

Compliance Manager

Margie R. Agliam

Primary Care Giver

4/21/2021

Date

4/21/2021

Date