

Foster Family Home - Deficiency Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-10

94-1496 Kahualoa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/11/2022


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

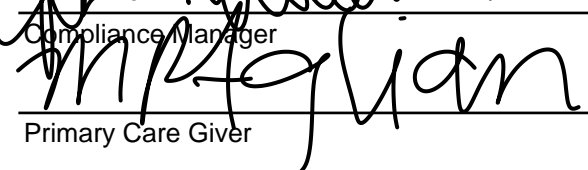
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

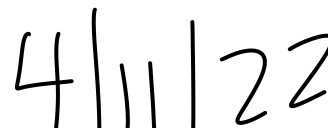
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

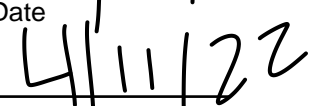
No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date