

Foster Family Home - Deficiency Report

Provider ID: 1-240073

Home Name: Arlene B. Agliam, CNA

Review ID: 1-240073-3

2001 Uhu Street

Reviewer: Ryan Nakamura

Honolulu

HI

96819

Begin Date: 6/24/2025

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



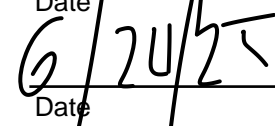
Compliance Manager



Primary Care Giver



Date



Date