

Foster Family Home - Deficiency Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-20

1043 Puolo Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 2/26/2026

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 made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/26/26).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#4's APS/CAN lapsed on 6/23/25 and renewed on 7/30/25.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures are and client privacy rights training present for CG#4.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2)- CG#1's Prometric Registry Check Result expired on 4/30/25 and no current result was present.

41.(b)(1)- CG#2's ID/Driver's License copy expired on 1/30/26. Note that CG#2 was listed as a designated driver for the CCFFH Clients.

41.(b)(7)- CG#1 and CG#2's TB clearance lapsed on 3/14/25 and renewed on 9/25/25.

