

# Foster Family Home - Deficiency Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-18

94-1496 Kahualoa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/22/2026

## 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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/22/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#6.

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

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

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

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and #3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and HHM#6 and HHM#7. CG#2, HHM#6, and HHM#7 TB clearance was not recorded on the state standardized form.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) RN delegation was provided to an unapproved CNA for Client #1 and Client #2.

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Foster Family Home

Records

[11-800-54]

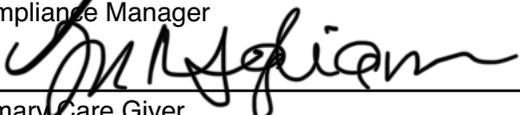
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current service plan present for Client#2. Last one in record is dated 2/15/2025.

54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date