

Foster Family Home - Deficiency Report

Provider ID: 1-240004

Home Name: Ronald Galera, NA

Review ID: 1-240004-1

1549 Hooli Circle

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 1/22/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A. Ayling RN
Compliance Manager

Date

Primary Care Giver

Date