

Foster Family Home - Deficiency Report

Provider ID: 1-597510

Home Name: Mariah Angelica Gaerlan, RN

Review ID: 1-597510-5

2175 Komo Mai Drive

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 8/15/2024

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.



Compliance Manager



Primary Care Giver

8/15/2024
Date

8/15/2024
Date