

Foster Family Home - Deficiency Report

Provider ID: 1-597510

Home Name: Mariah Angelica Gaerlan, RN

Review ID: 1-597510-8

2175 Komo Mai Drive

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 4/1/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/1/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#3, was due on/before 3/17/2025.

8.(a)(1) Sex Offender check are not present for CG#2 and CG#3.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.4. Disclosure form was not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and CG#3, and HHM#2. CG#2 TB Clearance was not reported on the state standardized form. CG#3 TB clearance expired, was due on/before 8/27/2025. and was not completed.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid / Bloodborne Pathogen/Infection control training for CG#1, #2, and #3. CG#1, #2, and #3 BBP/IC was due on/before 1/2/2026, and was not completed in the file. CG#3 CPR/1st aid was not in the file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG#3 requires 8 hours of in-service training, but had only 2 hours attended in 2025.

41.g. No basic skills check present in record for CG#3.

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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) No RN delegation present for Client #1 for CG#3.

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Fire Safety

[11-800-46]

- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2 and #3 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date

4/1/2026

4/1/2026