

Foster Family Home - Corrective Action Report

Provider ID: 2-559106

Home Name: Albert Gary Gardner, RN

Review ID: 2-559106-6

77 West Naauao Street

Reviewer: Carol Copeland

Hilo HI 96720

Begin Date: 6/7/2018

End Date: 6-15-18

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1) Home visit survey performed to recertify three client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.

Carol Copeland RN MSW
Compliance Manager

6-7-18
Date

Albert Gary Gardner RN
Primary Care Giver

6-7-18
Date