

# Foster Family Home - Corrective Action Report

Provider ID: 2-559106

Home Name: Albert Gary Gardner, RN

77 West Naauao Street

Hilo HI 96720

Review ID: 2-559106-9

Reviewer: Lori O'Keefe

Begin Date: 5/6/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.d.1 - Recertification inspection conducted for this 3 bed home. Home is in compliance with sections reviewed. The corrective action report is being issued via email due to COVID 19 precautions.

*Lori O'Keefe RN*

Compliance Manager

*A. Gary Gardner RN*

Primary Care Giver

*5/6/2020*

Date

*5/8/2020*

Date