

Foster Family Home - Deficiency Report

Provider ID: 2-559106

Home Name: Albert Gary Gardner, RN

Review ID: 2-559106-13

77 West Naauao Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 5/27/2022

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 3 person CCFFH recertification. All requirements were met at the time of inspection. Home will receive a 3-bed certification.



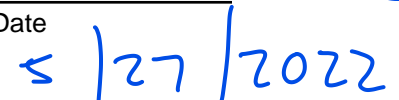
Compliance Manager



Primary Care Giver



Date



Date