

Foster Family Home - Deficiency Report

Provider ID: 2-559106

Home Name: Albert Gary Gardner, RN

Review ID: 2-559106-15

77 West Naauao Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 4/3/2023

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. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 5/3/23.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - No current eCrim for CG #1, CG #2, CG #3, CG #4. Expired on 5/29/2022.

Foster Family Home Personnel and Staffing [11-800-41]

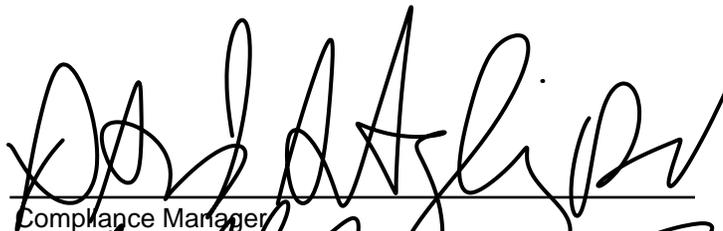
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

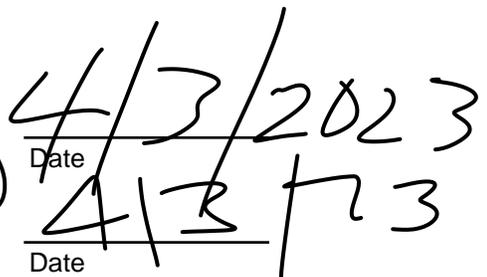
Comment:

41.(b)(7) - No current TB clearance for CG #1, CG #2, CG #3, CG #4. Expired on 7/21/2022.

41.(b)(8) - No current CPR/First Aid and Blood Borne Pathogen certification for CG #1, CG #2, CG #3, CG #4.


Compliance Manager


Primary Care Giver


Date

Date