

# Foster Family Home - Deficiency Report

Provider ID: 2-559106

Home Name: Albert Gary Gardner, RN

Review ID: 2-559106-17

77 West Naauao Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 4/17/2024

Foster Family Home


Required Certificate

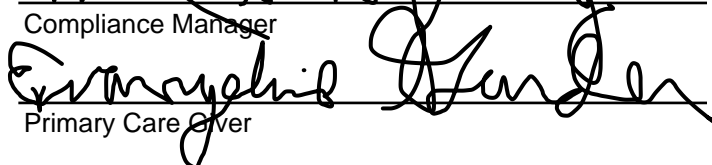
[11-800-6]

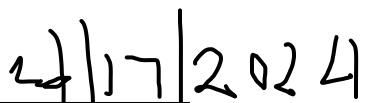
6.(d)(1) Comply with all applicable requirements in this chapter; and

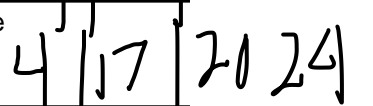
Comment:

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