Foster Family Home - Deficiency Report

Provider ID:	**2-559106**		
Home Name:	**Albert Gary Gardner, RN**	**Review ID:**	**2-559106-21**
77 West Naauao Street		Reviewer:	Maribel Nakamine
Hilo HI 96720		Begin Date:	4/28/2026

Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

6.d.1- Unannounced inspection made for a 3-bed recertification.
CCFFH met all requirements at the time of inspection. No corrective action required.

Maribel Nakamine RN 4/30/26
Compliance Manager Date

Albert G. Gardner RN-BC 4/30/26
Primary Care Giver Date

4/30/2026 12:09:04 PM