

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

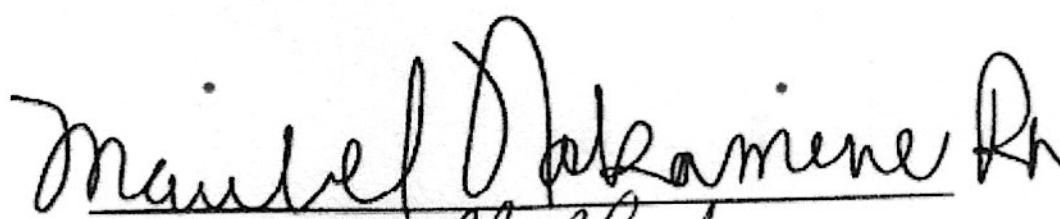
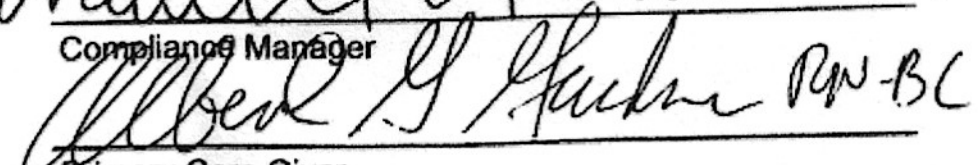
Foster Family Home Required Certificate

[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.


Compliance Manager

Primary Care Giver

Date	4/30/26
Date	4/30/26