Foster Family Home - Corrective Action Report

Provider ID: **1-140077**

Home Name: **Shane G. Gabon, CNA** **Review ID:** **1-140077-1**

94-706 Kalae Street Reviewer: Joan Scalzone

Waipahu HI 96797 Begin Date: 1/13/2015 End Date: 1/13/15

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

Home visit made for 2 bed home initial certification on 1/13/15. All requirements met on the day of the review. CG#1 to work with Health Plans, CTA and client's CMA to determine effective date of certificate. There are current client's in the home that wish to remain in the home and transfer to this new home. Current home will remain in operation until transfer occurs.

Joan Scalzone RN MSN 13/13/14

Compliance Manager Date

Gabon 12/13/14

Primary Care Giver Date

2/18/2015 18:23 PM