

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: [REDACTED]

Waipahu HI 96797

Begin Date: 1/13/2015

End Date: 1/12/15

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.

[REDACTED]
Compliance Manager

Shane G. Gabon
Primary Care Giver

12/13/14
Date

12/13/14
Date