

Foster Family Home - Corrective Action Report

Provider ID: 1-599582

Home Name: Sharon Gasmen, CNA

Review ID: 1-599582-3

94-481 Niulii Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/17/2015

End Date: 6/17/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 6/17/15.

No corrective Action Report issued during home visit. Home is in compliance on the day of the review.



Compliance Manager

Primary Care Giver

6/17/15
Date

6/17/15
Date