

# Foster Family Home - Corrective Action Report

Provider ID: 1-140077

Home Name: Shane G. Gabon, CNA

94-706 Kalae Street

Waipahu HI 96797

Review ID: 1-140077-2

Reviewer:

Begin Date: 3/30/2016

End Date: 3/30/16

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

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

Comment:

Home visit [redacted] for recertification of 2 bed home. All requirements met at time of review.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

*Shane G. Gabon*

\_\_\_\_\_  
Date

*03/30/16*  
Date