

Foster Family Home - Corrective Action Report

Provider ID: 1-160060

Home Name: Anstophar Gabriel, CNA

Review ID: 1-160060-1

94-1117 Hapawau Place

Reviewer:

Waipahu HI 96797

Begin Date: 9/1/2016

End Date: 12/16/16

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 new GCFFH certification review made on 9/1/16.

Home is in compliance with all requirements. Home is transferring an approved SCG to take over as the PCG. Home will receive a 1 year 2 bed certification after completing switch over process.

Compliance Manager

Primary Care Giver

Date

Date

9/1/16
9/1/2016 15:14 PM