

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: 1-140077-3

Reviewer: Sue Lo

Begin Date: 3/15/2017

End Date: 3/21/2017

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

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 3/15/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Shane G. Gabon

Primary Care Giver

Date

3/15/17

Date