

# Foster Family Home - Corrective Action Report

Provider ID: 1-160060

Home Name: Aristopher Gabriel, CNA

Review ID: 1-160060-2

94-1117 Hapawalu Place

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 9/15/2017

End Date: 9/15/17

Foster Family Home

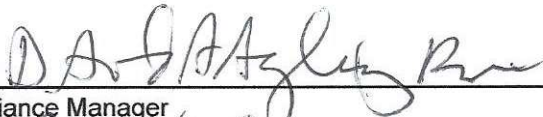
Required Certificate

[17-1454-6]

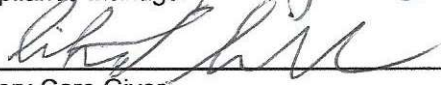
6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/15/17. PCG requests to increase to a 3 client CCFFH. Home in compliance with all requirements. Home will receive a 1 year 3 bed certification.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date