

# Foster Family Home - Corrective Action Report

Provider ID: 1-160060

Home Name: Aristopher Gabriel, CNA

Review ID: 1-160060-5

94-1117 Hapawalu Place

Reviewer: Julie Hastings

Waipahu HI 96797

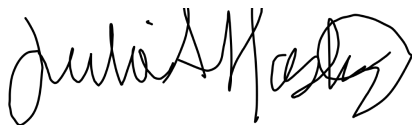
Begin Date: 10/15/2020

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

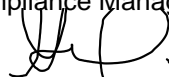
6.(d)(1)      Comply with all applicable requirements in this chapter; and

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Comment:

6.(d)(1)- Home inspection completed for a 3 person CCFFH recertification.  
-Home is in compliance with all requirements. Home will receive a 3 bed certification.



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



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

10/26/2020

\_\_\_\_\_  
Date

10/26/2020

\_\_\_\_\_  
Date