

# Foster Family Home - Corrective Action Report

Provider ID: 1-597833

Home Name: Chona Molina, CNA

Review ID: 1-597833-4

94-1038 Lumikula Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/5/2016

End Date:

10/5/16

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 2 person CCFFH recertification review made on 10/5/16. Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

Compliance Manager

*Chona Molina*  
Primary Care Giver

Date

*10/5/16*  
Date