

Foster Family Home - Corrective Action Report

Provider ID: 1-120041

Home Name: Glay-Ann Molina, CNA

Review ID: 1-120041-6

99-123 Ohiakea Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 8/1/2018

End Date: 8/1/18

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 3 person CCFFH recertification review made on 8/1/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

David Ayling
Compliance Manager

Glayann Molina
Primary Care Giver

8/1/18
Date

8/1/18
Date