

Foster Family Home - Corrective Action Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

Review ID: 1-190050-1

94-1103 Hoomakoa Street

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 6/13/2019

Foster Family Home

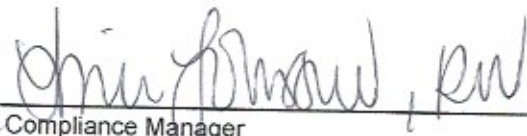
Required Certificate

[11-800-6]

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

Comment:

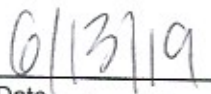
6.(d)(1) - Home inspection for a new 2 person CCFFH certification made on 6/13/19. Home is in compliance with all requirements



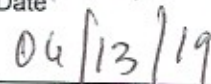
Compliance Manager



Primary Care Giver



Date



Date