Foster Family Home - Corrective Action Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

94-1103 Hoomakoa Street

Waipahu HI 96797

Review ID: 1-190050-2

Reviewer: Pamela Perry

Begin Date: 4/27/2020

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 visit for a 2 person CCFFH recertification review made on 4/27/20. Home in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager — Date: 4/27/20

Primary Care Giver — Date: 05/06/20

5/6/2020 11:52 AM