

Foster Family Home - Corrective Action Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

Review ID: 1-190050-5

2256 Aumakua Street

Reviewer: Jackie Chamberlain

Pearl City HI 96782

Begin Date: 4/29/2021

Foster Family Home

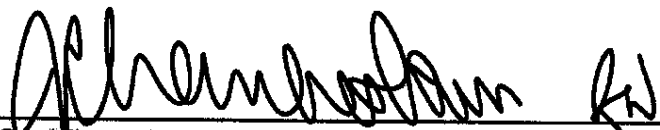
Required Certificate

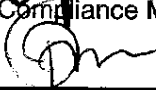
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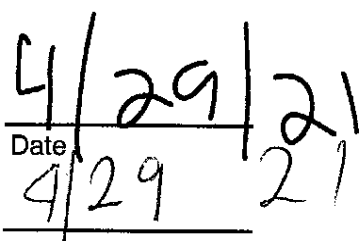
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.


Compliance Manager


Primary Care Giver


Date
4/29 21
Date