

Foster Family Home - Deficiency Report

Provider ID: 1-240012

Home Name: Remedios Molina, CNA

Review ID: 1-240012-1

94-510 Hiahia Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/15/2024

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. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

David A. Ayling RN 2/15/2024
Compliance Manager Date
Remedios Molina 2/15/2024
Primary Care Giver Date