

# Foster Family Home - Deficiency Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

Review ID: 1-511932-19

94-767 Kaaka Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 8/27/2025

**Foster Family Home**

**Required Certificate**

**[11-800-6]**

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH met all requirements at the time of the inspection.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver



8/27/2025  
Date  
8/27/2025  
Date