

Foster Family Home - Corrective Action Report

Provider ID: 1-140034

Home Name: Lucrecia D. Paraon, CNA

91-1168 Kauiki Street

Ewa Beach

HI 96706

Review ID: 1-140034-5

Reviewer: David Ayling

Begin Date: 3/16/2018

End Date: 3/16/18

Foster Family Home

Required Certificate

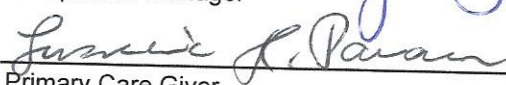
[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 3/16/18. 6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 2 bed certification.


Compliance Manager


Primary Care Giver


Date


Date