

# Foster Family Home - Corrective Action Report

Provider ID: 1-140034

Home Name: Lucrecia D. Paraon, CNA

Review ID: 1-140034-8

91-1168 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/9/2021

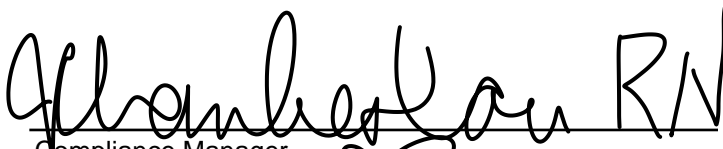
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

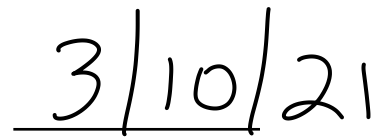
Comment:

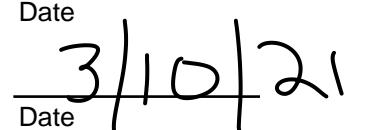
6(d)(1) CCFFH inspection made for a 2 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No corrective action required.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date