

Foster Family Home - Deficiency Report

Provider ID: 1-140034

Home Name: Lucrecia D. Paraon, CNA

Review ID: 1-140034-10

91-1168 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706



Begin Date: 5/9/2022

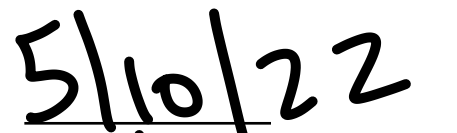
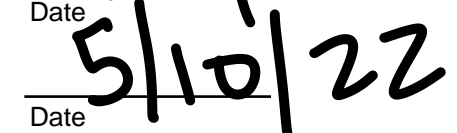
Foster Family Home **Required Certificate** **[11-800-6]**

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

Comment:

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


Compliance Manager

Primary Care Giver


Date

Date