

Foster Family Home - Deficiency Report

Provider ID: 1-210092

Home Name: Rachele Ann C. Parado, CNA

Review ID: 1-210092-8

91-1014 Fort Weaver Road

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 8/7/2024

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) 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

Date

Date