

Foster Family Home - Deficiency Report

Provider ID: 1-220018

Home Name: Leilani Paraan, NA

Review ID: 1-220018-9

91-959 Hanakahi Street

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 12/16/2025

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

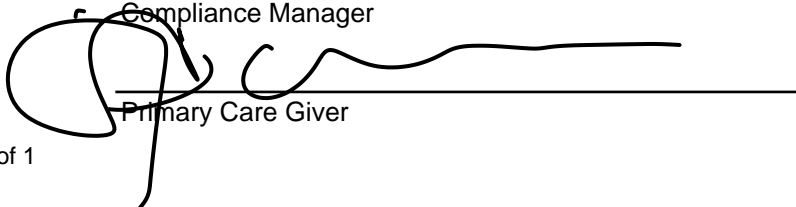
6.d.1- Unannounced visit made for a 2-bed recertification inspection.

CCFFH met all requirements at the time of inspection. No corrective action required.



Compliance Manager

Date



Primary Care Giver

Date

12/16/25
12/16/25