

Foster Family Home - Corrective Action Report

Provider ID: 1-560252

Home Name: Lucia Sibayan, CNA

Review ID: 1-560252-9

91-1175 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706


Begin Date: 6/6/2021

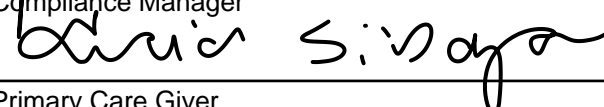
Foster Family Home **Required Certificate** **[11-800-6]**

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


Comment:

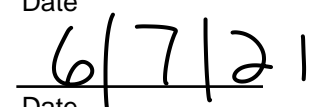
6(d)(1) CCFFH inspection made for a 3 bed annual inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date