

# Foster Family Home - Deficiency Report

Provider ID: 1-220053

Home Name: Blessing Faith Sebastian,  
CNA

Review ID: 1-220053-1

3379 Likini Street

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 8/2/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2-bed certification.

Compliance Manager

Primary Care Giver

Date

Date