

Foster Family Home - Deficiency Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-13

4306 Aikepa Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/20/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

CCFFH is in compliance with all requirements. CCFFH will receive a 2-bed certification.

Maribel Nakamine, RW 7/20/22

Compliance Manager

Date

[Signature]

Primary Care Giver

Date

7/20/22