

# Foster Family Home - Deficiency Report

Provider ID: 1-560252

Home Name: Lucia Sibayan, CNA

Review ID: 1-560252-13

91-1175 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706



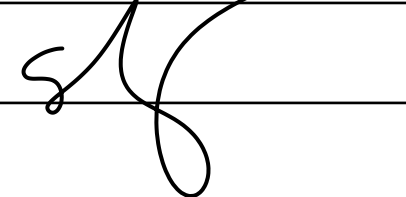
Begin Date: 3/28/2023

**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 plan of correction required.

  
\_\_\_\_\_  
Compliance Manager  
   
\_\_\_\_\_  
Primary Care Giver

3/29/23  
\_\_\_\_\_  
Date  
3/29/23  
\_\_\_\_\_  
Date