

# Foster Family Home - Deficiency Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-15

4306 Aikepa Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/7/2023

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

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

Comment:

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

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW      7/7/23  
Compliance Manager      Date  
jip [Signature]      7/7/23  
Primary Care Giver      Date