

# Foster Family Home - Deficiency Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-19

4306 Aikepa Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 7/2/2025

Foster Family Home


Required Certificate

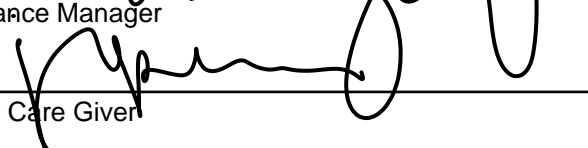
[11-800-6]

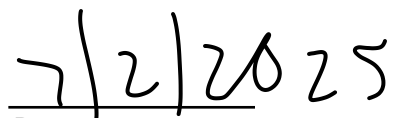
6.(d)(1) Comply with all applicable requirements in this chapter; and

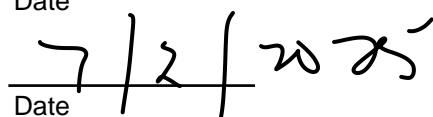
Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date