

Foster Family Home - Deficiency Report

Provider ID: 1-220053

Home Name: Blessing Faith Sebastian,
CNA

Review ID: 1-220053-8

3379 Likini Street

Reviewer: Po Lim

Honolulu HI 96818

Begin Date: 4/13/2026

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 inspection for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/13/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

3 Person Fire Safety, Natural Disaster **3 Person Fire Safety** **(3P) Fire**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) The CCFFH did not have evidence that fire drills had been conducted monthly.

Compliance Manager

Primary Care Giver

4/13/2026

Date

4/13/2026

Date