

# Foster Family Home - Deficiency Report

Provider ID: 1-560252

Home Name: Lucia Sibayan, CNA

Review ID: 1-560252-19

91-1175 Hanaloa Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 3/9/2026

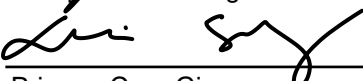
**Foster Family Home**      **Required Certificate**      **[11-800-6]**


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

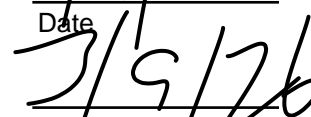
Comment:

6.(d)(1) – Unannounced CCFFH inspection made for a 3 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date