

Foster Family Home - Corrective Action Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-1

2177-A Awapuni St

Reviewer

Hilo HI 96720

Begin Date 12/10/2015

End Date 12/28/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment

Survey performed on 12/10/15 for certification of two client home. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA on 1/10/2016.

Foster Family Home Background Checks [17-1454-7.1]

- 7.1 (a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS.
- 7.1 (d)(2)(C) A caregiver, substitute caregiver, or other adult residing in the community care foster family home, except for adults receiving care, is a perpetrator of abuse as defined in section 346-222, HRS.
- 7.1 (e) The results of a background check made pursuant to section (a) above shall be exempt from consideration by the department if an exemption has been granted by the department of human services. Requests for exemptions must be:
 - 7.1 (e)(1) Submitted by the applicant for licensure or certification, case management agency, or home.
 - 7.1 (e)(2) In writing, on forms provided by the department of human services, and
 - 7.1 (e)(3) Received by the department of human services no later than seven days after the date of the notification that the individual:
 - 7.1 (e)(3)(A) Has a conviction for a crime other than a minor traffic violation involving a fine of \$50 or less.
 - 7.1 (e)(3)(B) Has a criminal history record that poses a risk to the life, health, safety, or welfare of a client, or
 - 7.1 (e)(3)(C) Is a perpetrator of abuse as defined in section 346-222, HRS.

Comment

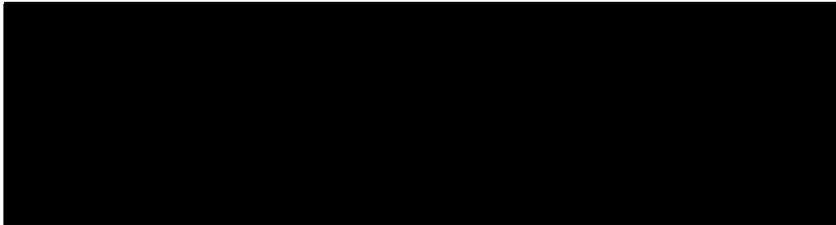
7.1 (a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; No record of Fieldprint for [REDACTED]

Foster Family Home Insurance Requirements [17-1454-49]

49 (a)(1) General.

Comment

49 (a)(1) General liability insurance. No record of liability insurance.



Primary Care Giver

12/10/15
Date

12/10/15
Date

December 24, 2015

To whom it may concern;

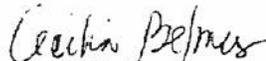
Rule #7.1 (a) (1), [REDACTED] sent it to CTA.

[REDACTED] - 7.1 (A) (1) [REDACTED] sent the copy to CTA.

49.c (i) General insurance sent to CIA 12/24/15.

The home will use the table of contents and a calendar, the home will check every month.

Sincerely yours,


Cecilia Belmes