

Sep 30 16 11:56p

Cecilia Belmes

p.1

ATTN:

Foster Family Home - Corrective Action Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-9

2177A Awapuhi St.

Reviewer:

Hilo HI 96720

Begin Date: 9/28/2016

End Date: 9/28/16

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

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

Comment:

Survey performed to recertify two client home. Home in compliance on day of survey. Corrective Action Report issued with no Plan of Correction due to CTA. Home will be recertified for one year for two clients.

Compliance Manager

Cecilia Belmes

Primary Care Giver

Date

Sept. 30, 2016

Date