

Foster Family Home - Corrective Action Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

17213 Palaia Street

Kea'au HI 96749

Review ID: 2-150077-6

Reviewer: Carol Copeland

Begin Date: 4/26/2018

End Date: 5/01/18

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

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

Comment:

6.(d)(1) Home visit survey performed to change bed size to three clients. Home not in compliance on day of survey. Corrective action report issued with plan of correction due to CTA by 5/26/18.

Carol Copeland
Compliance Manager

Cecilia Belmes
Primary Care Giver

5/01/18
Date

May 1, 2018
Date