

Foster Family Home - Corrective Action Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-11

17213 Palaia Street

Reviewer: Terri Van Houten

Kea'au HI 96749

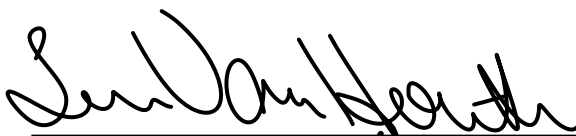
Begin Date: 3/18/2021

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

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

Comment:

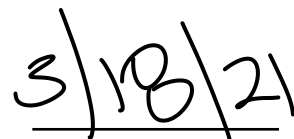
6.(d)(1) – Unannounced home inspection made for a 3 bed CCFFH recertification. Home met all compliance requirements at the time of the inspection. No corrective action required.



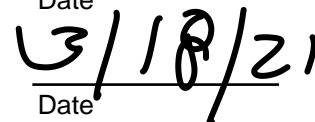
Compliance Manager



Primary Care Giver



Date



Date