

# Foster Family Home - Deficiency Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-15

17213 Palaia Street

Reviewer: David Ayling

Kea'au HI 96749


Begin Date: 1/18/2023

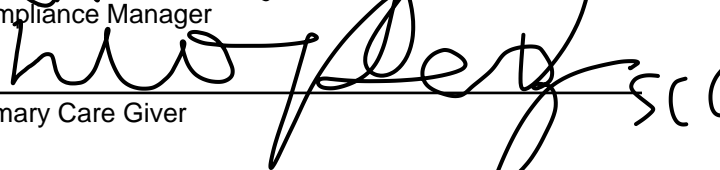
**Foster Family Home**      **Required Certificate**      **[11-800-6]**

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by /18/23. All requirements were met at the time of inspection. Home will receive a 3-bed certification.

  
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Compliance Manager      Date 1/18/2023

  
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Primary Care Giver      Date 1/18/23