

# Foster Family Home - Deficiency Report

Provider ID: 1-170006

Home Name: Maria "Belinda" Keliioholokai,  
CNA

Review ID: 1-170006-17

86-214 Moelua Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 11/1/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.


CCFFH met all requirements at the time of the inspection.



Compliance Manager

11/1/23

Date



Primary Care Giver

11/1/23

Date