

Foster Family Home - Deficiency Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-17

17213 Palaia Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 1/3/2024

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Completed annual review. No deficiencies.

David Ayling RN 1/3/2024
Compliance Manager Date

Cecilia Belmes 1-3-2024
Primary Care Giver Date