

Foster Family Home - Deficiency Report

Provider ID: 1-170006

Home Name: Maria Belinda Keliioholokai,
CNA

Review ID: 1-170006-19

86-214 Moelua Street

Reviewer: Deborah Baumgart

Waianae HI 96792

Begin Date: 9/26/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.
(Issued 9/26/2024)

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG#2 Ecrim lapsed 7/13/22 and was done on 10/19/22.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed 12/30/23 and was done on 2/16/2024. CG#2 TB clearance due 3/18/24 done 4/16/24.



Compliance Manager


Primary Care Giver



Date


Date