

# Foster Family Home - Corrective Action Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

94-733 Kuhaulua Place

Waipahu HI 96797

Review ID: 1-130025-3

Reviewer: [REDACTED]

Begin Date: 4/22/2015

End Date:

4/23/15

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for recertification of 2 bed home changing to 3 bed on 4/22/15. All requirements met at time of review.

[REDACTED] RM, MSN  
Compliance Manager

Patrick Bartolome  
Primary Care Giver

4/22/15  
Date

4/22/15  
Date