

# Foster Family Home - Corrective Action Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

Review ID: 1-130025-5

94-733 Kuhaulua Place

Reviewer: [REDACTED]

Waipahu

HI 96797

Begin Date: 5/24/2017

End Date: 5/25/17

## Foster Family Home

## Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 3 person CCFFH recertification review made on 5/24/17. Corrective Action Report issued during home visit with all items due to CTA by 6/24/17.

6.(d)(1) - see applicable sections of the review

## Foster Family Home

## Background Checks

[17-1454-7.1]

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

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) - APS/CAN and eCrim not done until 1/21/17(expired on 8/14/16) foe HHM #1.

Compliance Manager

Primary Care Giver

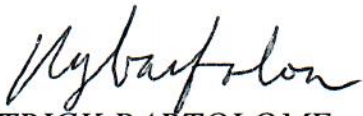
Date

Date

5/29/17

**Written Plan of Correction**

7.1.(a) (1) (2) I am now aware that APS/CAN and eCrim are done every 2 years. I have made a list of these things with their expiration dates and placed in the front of my CTA binder.



PCG: *PATRICK BARTOLOME*

May 24, 2017