Foster Family Home - Corrective Action Report

rovider ID: **2-140078**

lome Name: **Edgar Chua Bartolome, CNA** **Review ID:** **2-140078-4**

8-2884 Kaakepa Street Reviewer: Carol Copeland

epeekeo HI 96783 Begin Date: 11/11/2019

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

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

omment:

.(d)(1) Home inspection performed to recertify two client home. Home not in compliance on day of inspection.

oster Family Home **Background Checks** **[11-800-8]**

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

omment:

.(a)(1) Only one fingerprinting in home binder for caregivers # 1,2,3 and 4.

p.p. Carol Copeland / Angel England **2/18/20**

Compliance Manager Date

EDGAR C. BARTOLOME / EC Bartolome 12/19/19

Primary Care Giver Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Edgar C. Bartolome, CNA
CCFFH Address: 28-2884 Kaakepa St.
Pepeekeo, Hawaii 96783

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	Recent Finger-Print Papers have been placed back into Administrative binder.	02/01/20	Home understand not to remove the Finger prints papers when it expires

Primary Caregiver's Signature: E C Bartolome

Print Name: Edgar C. Bartolome **Date of Signature:** 02/01/20