

Foster Family Home - Corrective Action Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

Review ID: 1-130025-11

94-733 Kuhaulua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/25/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/25/2021.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#5 without evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan expired on 12/1/2020.

Maribel Nakamine, MA

Compliance Manager

Date

5/25/2021

Emerita Lopez SCG

Primary Care Giver

Date

5/25/2021