

# Foster Family Home - Deficiency Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

Review ID: 1-130025-15

94-733 Kuhaulua Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/23/2023

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

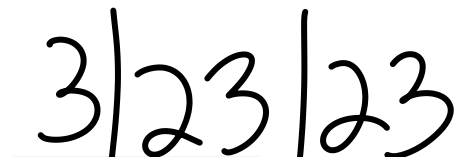
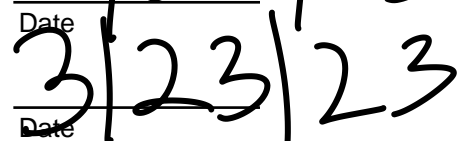
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification. CCFFH met all compliance requirements at the time of the CCFFH inspection.

No plan of correction required.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date