

Foster Family Home - Deficiency Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

Review ID: 1-130025-17

94-733 Kuhaulua Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/25/2024

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

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

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RW 4/25/24

Compliance Manager
Patrick Bartolome

Primary Care Giver
Date *4/25/24*
Date