

Foster Family Home - Deficiency Report

Provider ID: 1-130025

Home Name: Patrick Bartolome, CNA

Review ID: 1-130025-21

94-733 Kuhaulua Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 5/19/2026

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

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 05/19/2026)

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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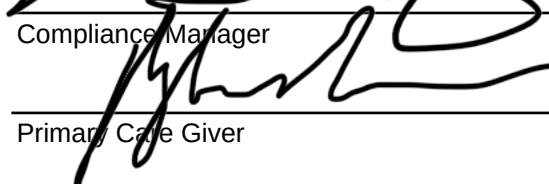
(3P)(b)(1) Fire shall be conducted monthly

Comment:

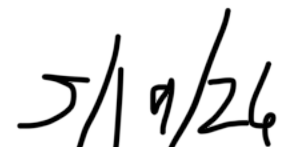
(3P)(b)(1)-Last fire drill in binder 3/2026.



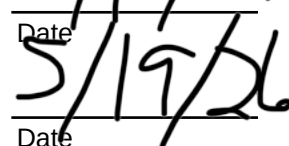
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Deborah Baumgart LPN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Palvick Bartolome
(PLEASE PRINT)

CCFFH Address: 94-733 Kuhaulua PL Waipahu, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
3P.b.1	Lapse cannot be corrected 7 Fire drill was conducted dated May 20, 2026	9/20/26	PCG will use a wall calendar to schedule monthly fire drills. Will schedule each SCG once within 12 months

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 9/20/26

☒ CTA has reviewed all corrected items