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]**

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**

(3P)(b)(1) Fire shall be conducted monthly

Comment:

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

Compliance Manager

Date 5/19/26

Primary Care Giver

Date 5/19/26

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: Patrick 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 - 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