

Foster Family Home - Corrective Action Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-1

94-473 Kalukalu St.

Reviewer:

Waipahu HI 96797

Begin Date: 7/14/2016

End Date: 7/14/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visits [REDACTED] for initial certification visit of 2 bed home. All requirements met at time of review. Home eligible for 1 year 2 bed certificate.