

# Foster Family Home - Corrective Action Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-4

94-549 Apii St.

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/23/2018

End Date: 5/8/18

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 4/23/18. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 5/23/18.


6.(d)(1) - see applicable sections of the review

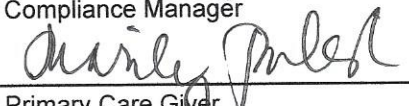
## Foster Family Home Client Rights [17-1454-50]

50.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

50.(a) - Written policies and procedures regarding the rights of the client during the client's stay including admission policies.

  
Compliance Manager

  
Primary Care Giver

4/23/18  
Date

04/23/18  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: Marilyn A. Palisbo  
 CCFFH Address: 94-549 Apii St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50.(a)	I have placed policies & procedures including, admission policies, signed by the client or PCA in my CTA binder.	5/2/18	I will have all future client or PCA's read and sign my Admission policies when I admit them into my CCFFH.

Primary Caregiver's Signature: Marilyn Palisbo

Print Name: MARILYN PALISBO Date of Signature: 5/3/18