

Foster Family Home - Corrective Action Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-5

94-549 Apii Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 4/30/2019

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

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 4/30/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/30/19.

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2) - APS/CAN and fingerprints done on 8/15/18 for CG #4.
Expired on 6/22/18.

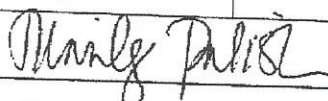
David A. Ayling RN
Compliance Manager
Marilyn Palisbo
Primary Care Giver

4/30/19
Date
4/30/19
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 Apia St. Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a) (1)(2)	I showed CTA a current APS/CAN and fingerprints for CG #4 on the day of my recertification	5/2/19	I placed the expiration dates for APS/CAN and Fingerprints for all CG'S and HHM'S on my iPhone Calendar. I set the reminder date for 2 weeks prior to expiration.

Primary Caregiver's Signature: 
 Print Name: MARILYN A. PALISBO Date of Signature: 5/2/19