

# Foster Family Home - Corrective Action Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-8

94-549 Apii Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 5/6/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/6/2021.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- No monthly fire drill conducted by CG#2 for the past 12 months.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan expired on 7/23/2020 and 1/23/2021.

*Maribel Nakamine, RN* 5/6/2021

Compliance Manager

Date

*[Signature]*

Primary Care Giver

Date

5/6/2021