

Foster Family Home - Deficiency Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-12

94-549 Apii Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 3/30/2023

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.

CCFFH met all requirements at the time of the inspection.

Maribel Nakamine, RW 3/30/23
Compliance Manager
Date
3/30/23
Primary Care Giver
Date
3/30/23