

Foster Family Home - Deficiency Report

Provider ID: 1-240006

Home Name: Sheila Ann M. Palisoc, NA

Review ID: 1-240006-1

94-355 Paiwa Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 1/31/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/1/24.


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

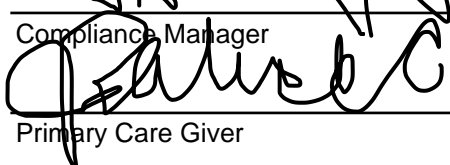
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) - No 1st year APS/CAN and Fingerprints for HHM #1.



Compliance Manager


Primary Care Giver
Date 1/31/2024
Date 01/31/2024