

Foster Family Home - Deficiency Report

Provider ID: 1-160047

Home Name: Marilyn Palisbo, CNA

Review ID: 1-160047-18

94-549 Apii Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/27/2026


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

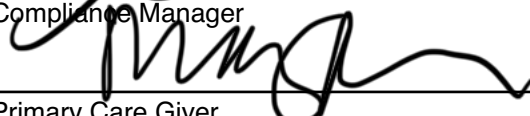
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

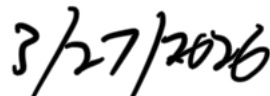
6(d)(1) Unannounced inspection for a 3 bed CCFFH re-certification.

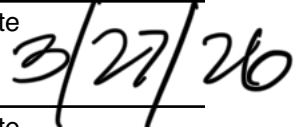
CCFFH met all requirements at the time of the inspection.



Compliance Manager


Primary Care Giver



Date


Date