Foster Family Home - Corrective Action Report

Provider ID:	**1-130018**				
Home Name:	**Margaret Ibus, NA**		**Review ID:**	**1-130018-4**	
94-1210 Hinaea Street			Reviewer:	Sue Lo	
Waipahu	HI	96797	Begin Date:	5/8/2018	End Date: 5/12/2018

Foster Family Home **Required Certificate** **[17-1454-6]**

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

Comment:

6(d)(1) Home visit made for a 2 bed recertification with no corrective action plan due.

Compliance Manager — 5/8/2018 Date

Margaret P. Ibus — 5/8/18 Date

Primary Care Giver