

# Foster Family Home - Deficiency Report

Provider ID: 1-130018

Home Name: Margaret Ibus, NA

Review ID: 1-130018-9

94-1210 Hinaea Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/18/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed recertification inspection. CCFFH met all compliance requirements at the time of the CCFFH inspection. No corrective action required

 RN

Compliance Manager

Primary Care Giver

4/18/22

Date

4/18/22

Date