

Foster Family Home - Deficiency Report

Provider ID: 1-130018

Home Name: Margaret Ibus, NA

Review ID: 1-130018-11

94-1210 Hinaea Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/11/2023

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 2 bed annual inspection.

CCFFH met all requirements at the time of the inspection.



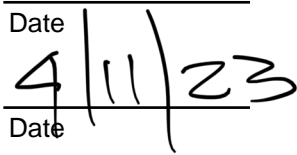
Compliance Manager



Primary Care Giver



Date



Date