Foster Family Home - Deficiency Report

Provider ID:	**1-130018**		
Home Name:	**Margaret Ibus, NA**	**Review ID:**	**1-130018-17**
94-1210 Hinaea Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	6/25/2026

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection.

Foster Family Home **Records** **[11-800-54]**

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

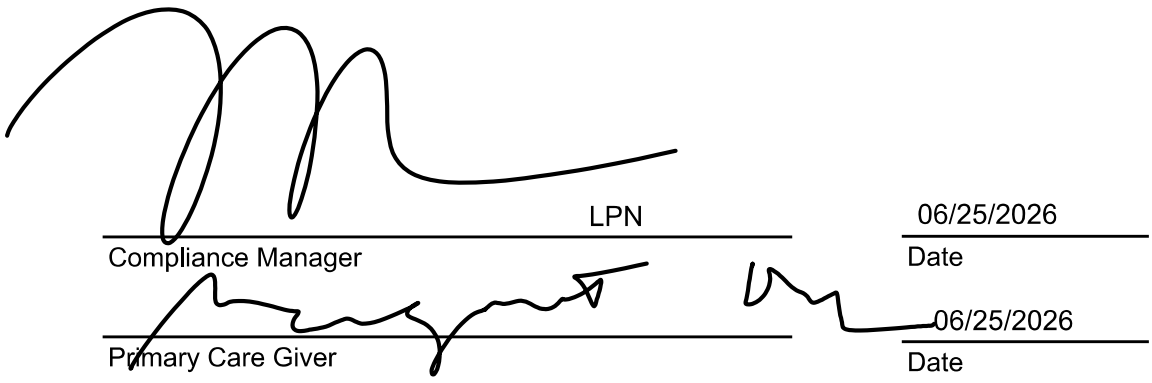
Comment:

54.(c),54(c)(2) No current service plan present for Client# 2. Last one in record is dated 11/17/2025.

54.(c),54(c)(5) Client# 1 & 2. MAR flowsheet was not documented daily. Sheet not completed from 05/19/2026 to present.

54.(c),54(c)(6) Client# 1 & 2. ADL flowsheet was not documented daily. Sheet not completed from 05/19/2026 to present.

54.(c),54(c)(6) Client# 1 & 2. VS flowsheet was not documented daily. Sheet not completed from 05/19/2026 to present.



LPN — Compliance Manager — 06/25/2026 Date

Primary Care Giver — 06/25/2026 Date