

# Foster Family Home - Corrective Action Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

Review ID: 1-564139-4

3145-D Kalihi Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/18/2015

End Date: 4/2/2015

## 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 on 5/18/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/18/2015.

6 (d)(1) see applicable sections of this review.

## Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

13.1.(b)(5)The home did not have proof of confidentiality/ privacy training present.

\_\_\_\_\_  
Compliance Manager

Erlinda Ibarra  
Primary Care Giver

5/18/2015

Date

5/18/15

Date

May 27, 2015



Dear [Redacted]

Thank you for coming to recertify my home, it's been a pleasure knowing you and "Welcome" to the caregiving industry. Enclosed is my deficiency or missing files and is completed.

Truly yours,

Erlinda Ibarra / *Erlinda Ibarra 6/12/15*

3145 D Kalihl Street

Honolulu, Hawaii 96819

CORRECTIVE ACTION PLAN REPORT

13.1. (b)(1) The home has provided training to all SCG and all adult members the confidentiality and privacy policies and procedures.

RECEIVED  
JUN 12 2015  
BY: *[Signature]*  
*mailed*