

Foster Family Home - Corrective Action Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

Review ID: 1-564139-5

3145-D Kalihi Street

Reviewer:

Honolulu HI 96819

Begin Date: 5/16/2016

End Date: 5/19/2016

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6 (d)(1) Requirements at the time of the home visit. No corrective action required. Home is eligible for a 2 year 2-bed certification.