

# Foster Family Home - Corrective Action Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

3145-D Kalihi Street

Honolulu HI 96819

Review ID: 1-564139-8

Reviewer: Julie Hastings

Begin Date: 5/14/2020

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

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

Comment:

6.(d)(1)

Home inspection completed for a 2 person CCFFH recertification.

-Home is in compliance with all requirements. Home will receive a 2 bed certification.

Julie A Hastings RN, BSN  
Compliance Manager

Erlinda Ibarra  
Primary Care Giver

5/14/20  
Date

5/14/20  
Date