

# Foster Family Home - Corrective Action Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

3145-D Kalihi Street

Honolulu

HI 96819

Review ID: 1-564139-10

Reviewer: David Ayling

Begin Date: 5/14/2021

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

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

Comment:

6.(d)(1) - Annual unannounced inspection for a 2 person CCFFH. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 6/14/21.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN for CG #3 expired on 12/4/20. Not done until 1/20/21.

David A Ayling RN  
Compliance Manager

[Signature]  
Primary Care Giver

5/14/2021  
Date

5/14/21  
Date

CTA RN Compliance Manager: David Aying, RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Erinda Ibarra

CCFFH Address: 3145 D Kakuhi ST - Hono Kuli 96819  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(2)	Can't go back	5/14/21	I put the expiration dates for APS/CAD for all CCR in my iPhone calendar & set the reminder for 1 month prior to expiration

All items that were fixed are attached to this CAP

PCG's Signature: Erinda Ibarra

Date: 5/14/21

CTA has reviewed all corrected items