

Foster Family Home - Deficiency Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

Review ID: 1-564139-12

3145-D Kalihi Street

Reviewer: Po Lim

Honolulu HI 96819


Begin Date: 5/6/2022


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

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


Comment:

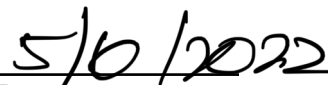
6(d)(1) Unannounced recertification or annual inspection made for a 2-bed recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.



Compliance Manager


Primary Care Giver



Date


Date