

# Foster Family Home - Deficiency Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

Review ID: 1-564139-14

3145-D Kalihi Street

Reviewer: Deborah Baumgart

Honolulu

HI 96819

Begin Date: 4/20/2023

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 visit made for a 2-bed annual inspection.  
CCFFH met all requirements at the time of the inspection.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

4/20/23  
\_\_\_\_\_  
Date  
4/20/23  
\_\_\_\_\_  
Date