

Foster Family Home - Deficiency Report

Provider ID: 1-564139

Home Name: Erlinda Ibarra, RN

Review ID: 1-564139-18

3145-D Kalihi Street

Reviewer: Ryan Nakamura

Honolulu

HI

96819

Begin Date: 4/2/2025

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.


Compliance Manager

Primary Care Giver

4/2/25
Date
4/2/25
Date