

Foster Family Home - Corrective Action Report

Provider ID: 153111

Home Name: Carmelita Rodriguez, LPN

Review ID: 1-511411-5

94-960 Lumimoe Street

Reviewer:

Waipahu HI 96797

Begin Date: 10/24/2016

End Date:

10/26/2016

~~Foster Family Home~~

~~Required Certificate~~

~~[17-1454-6]~~

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

Comment:

6 (d)(1) Requirements at the time of the home visit made on 10/24/2016. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Carmelita E. Rodriguez

Primary Care Giver

Date

10/23/16

Date

10/24/2016 19:29 PM