

# Foster Family Home - Corrective Action Report

Provider ID: 1-511411

Home Name: Carmelita Rodriguez, LPN

94-960 Lumimoe Street  
Waipahu

HI 96797

Review ID: 1-511411-9

Reviewer: Jackie Chamberlain

Begin Date: 10/12/2020

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

Jackie Chamberlain  
Compliance Manager

Carmelita E. Rodriguez  
Primary Care Giver

10/12/2020  
Date

10/12/20  
Date