

# Foster Family Home - Corrective Action Report

Provider ID: 1-140021

Home Name: Gloria Cueco, CNA

Review ID: 1-140021-2

94-571 Kupuna Loop

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/20/2015

End Date: 1/20/15

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person recertification review made on 1/20/15.  
Home is in compliance with all requirements. Home will receive a 2 year 2 bed certification.

David Ayling  
Compliance Manager

Gloria Cueco  
Primary Care Giver

1/20/15  
Date

1/20/2015  
Date